

**APPLICATION FOR ZONING CHANGE,
CONDITIONAL USE PERMIT OR VARIANCE**

**TOWN OF LYNDON
Sheboygan County, Wisconsin**

APPLICANT/OWNER:

Name: _____

Address: _____

Date: _____

APPLICATION FOR (Check one)

___ Zone Change From _____ to _____

___ Conditional Use Permit

___ Variance

REQUIRED ATTACHMENTS:

- ✓ **ALL APPLICATIONS:** Attach a complete legal description of the real estate.
- ✓ **ZONING CHANGE:** Attach a site map or drawing with the parcel of real estate clearly marked.
- ✓ **VARIANCE OR CONTIONAL USE:** Attach a site map or sketch of the parcel of real estate including but not limited tot size, location of existing buildings, sanitary system, well and description of proposed variance or conditional use.
- ✓ **ADDITIONAL INFORMATION:** Attach any additional information that may be required by the Town Board or Planning Commission to assist in the decision or recommendation.

APPLICATION: I/We the undersigned, being the owners of all of the real estate described, hereby apply for a zoning change, conditional use permit or variance for the following purposes:

PREVIOUS APPLICATION: Has a previous application been filed?

___ YES

___ NO

ADJACENT REAL ESTATE OWNERS: list below all adjacent real estate owners within 200 feet of the real estate which is the subject of this application and all real estate owners who might be affected by this change:

EXISTING USE: describe the existing use of the real estate involved:

PROPOSED USE: describe the proposed use of the real estate involved:

EMPLOYEES: If the existing or proposed use is industrial or commercial list the number of present and anticipated employees:

HARDSHIP: State what hardship or loss, if any, the applicant may suffer if this petition is denied:

CERTIFICATE: I/We hereby certify that all of the above statements and any attachments submitted are true and correct to the best of my/our knowledge and belief.

PETITIONER/OWNER

PETITIONER/OWNER

FOR TOWN USE ONLY

DATE FILED _____

HEARING ESTABLISHED _____

DATE NOTICE PUBLISHED _____

DATE NOTICE MAILED _____

DATE OF HEARING _____

DISPOSITION _____