Town of Freedom

OUTAGAMIE COUNTY   P.O. BOX 1007   FREEDOM, WI 54131

W2004 County Road S - PO Box 1007 - Freedom, WI 54131
920-788-4548 phone - 920-788-7550 fax
deputyclerk@townoffreedom.org - www.townoffreedom.org

Comprehensive Plan Map Amendment Application – Page 1
(Submit 15 copies)

Property Owner(s): _____

Address/City/Zip: _____

Phone:_____ Fax:_____ E-Mail:_____

Applicant (if other than Owner): _____

Check: Architect ____ Engineer ____ Surveyor ____ Attorney ____ Agent ____

Address/City/Zip: _____

Phone:_____ Fax:_____ E-Mail:_____

I/we certify the following information is accurate and true to the best of my/our knowledge.

Owner Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Amendment Specifics:

Property Location and Address: _____

Tax Key Number(s): _____

Existing Land Use of Property: _____

Future Land Use of Property: _____

Proposed Future Land Use Category: _____

Existing Zoning: _____

Proposed Zoning (if applicable): _____

Surrounding Existing and Future Land Uses and Existing Zoning Districts:

_____

_____

On a separate sheet of paper, please thoroughly address the following:

1. Why the comprehensive plan map amendment is being proposed.
2. Justification and support for the proposed map amendment. Examples might include a discussion of changes that have occurred in the area of the proposed plan map amendment since the comprehensive plan's adoption, consistency of the proposed amendment with the adopted comprehensive plan, and/or how the proposed change will benefit the community.

Please attach (preferably on 8.5"X11" or 11"X17" paper) the following:

1. A vicinity map
2. An accurate map showing the specific parcels subject to the amendment request.
3. Any additional information that you believe supports your request.

Comprehensive Plan Map Amendment Application – Page 2

For Town Use Only

Fee: _____ Acct No: _____ Receipt: _____ Date: _____

Date Rec'vd Complete: _____ By: _____ Applic. No.: _____

Recommendation of the Plan Commission _____

Resolution # _____ Date of Resolution Adoption _____

Date of Class 1 Notice _____ Date of Public Hearing _____

Town Board Action Adopted/Denied (circle action taken)

Ordinance Number _____

Ordinance Approved _____ Ordinance Published _____

Sent to Statutory Distribution List _____