



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

**Rezoning Application – Page 1
(Submit 15 copies of Drawings)**

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 attached drawings are to the best of my/our knowledge complete and drawn in accordance with all codes.

Owner Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Zoning Specifics:

Tax Key No.(s): _____

Address of Property to be Rezoned: _____

Existing Zoning: _____ Proposed Zoning: _____

Current Land Use: _____ Proposed Land Use: _____

Is the Proposed Zoning consistent with the Town's Comprehensive Plan: Yes ___ No ___

State the reasons for the rezoning.

Would the rezoning endanger or create an adverse impact to the adjacent neighborhood?

Would the rezoning provide a beneficial impact to the community at large?

Are the soils and drainage conditions favorable for your intended use? If not, how will the existing hazards be overcome? During construction, what provisions will be made to prevent soil loss?

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What types of public facilities are currently provided on the land? (e.g. sewer, water, utilities, etc.)
Do these facilities have the capability to support your intended use?

What type of community facilities and services will have to be provided resulting from your request?
(i.e., additional water/sewer lines, roads, etc.)

Are there any comments, information, special conditions related to the land that would be favorable
for granting your request?

For Town Use Only

Fee: _____ Acct No: _____ Receipt: _____ Date: _____
Date Rec'vd Complete: _____ By: _____ Applic. No.: _____
Neighbors within 300 feet notified: _____
Review by Plan Commission: _____
Recommendation to: Approve _____ Deny _____
Review by Town Board: _____
Rezoning is: Approved _____ Denied _____
If denied, date resolution was filed with Outagamie County: _____
Comments: _____
