

PETITION FOR
ZONING CHANGE/AMENDMENT

TO: Town of Oshkosh Board
1076 Cozy Lane
Oshkosh, WI 54901

The undersigned owner(s) of the property herein described petitions your honorable body for an amendment to the Town of Oshkosh Zoning Ordinance and Map to effect a change in the Zoning Classification of real estate in the Town of Oshkosh, Winnebago County, Wisconsin, more particularly described in summary as follows, to-wit:

From _____ zoning district to _____ zoning district

per Certified Survey Map Number _____.

Location of property by address/parcel number: _____

The land described above will be used for _____

if the amendment is adopted.

Dated this _____ day of _____, 20_____.

Respectfully submitted:

(Name printed)

(Address)

(City, State, Zip)

(Legal Signature)

Town of Oshkosh
Zoning Change/Amendment Application

Check or Money Order payable to Town of Oshkosh Fee: \$450.00 receipt # _____ ID Number _____
(Please print using black ink for duplication purposes)

A. CONTACT INFORMATION

1.) PROPERTY OWNER:

Name: _____
Mailing Address: _____
Phone: _____ Cell: _____ Email: _____

Permission is hereby granted for appropriate Town Staff to enter upon the property for the placement and removal of hearing notice sign, and conducting inspections prior to hearing. Said permission is to remain in force until the conclusion of the Public Hearing and is binding upon all heirs and assigns.

Signature: _____ Date: _____

2.) APPLICANT INFORMATION (If different than owner):

Name: _____
Mailing Address: _____
Phone: _____ Cell: _____ Email: _____

B. PROPERTY INFORMATION:

- 1.) Tax Key/Parcel #: _____
- 2.) Lot _____ Block _____ Subdivision _____ or CSM# _____
Section _____ Town _____ North _____ Range _____ East Acres _____
- 3.) Location of Property: _____
- 4.) Zoning (Existing): _____ Zoning Proposed: _____
- 5.) Use (Existing): _____
Use (Proposed): _____
- 6.) Existing Sewer: Septic _____ Mound _____ Holding Tank _____ Municipal _____ or Needed _____
- 7.) Proposed site plan AND map of existing location as described in instructions included: _____

C.) REASONS FOR CHANGE:

Describe the MAIN USE:

Describe the PROPOSED USE:

Describe the essential services (sewer, water, streets, etc.) for present and future uses:

Describe why the proposed use would be the highest and best for the property:

Describe the property use compatibility with surrounding land use:

A Public Hearing will be set upon the receipt of applications Z-100 & Z-101 including supplemental material and payment, whereas the applicant will furnish necessary information to the Zoning Administrator for processing of this application.

I ACCEPT THESE TERMS AND HEREBY SUBMIT THE APPLICATION FOR APPROVAL:

SIGNED: _____ DATE: _____

Print name: _____

Date Application Received by Zoning Administrator: _____

Zoning Administrator signature: _____

PLANNING & ZONING COMMISSION RECOMMENDATION OF DECISION TO TOWN BOARD

Town Plan Commission Secretary: _____ Date: _____

Town Plan Commission Chair: _____ Date: _____

Decision Date: _____

Approved _____ Denied _____

Published Dates of public hearing (class 2 notice): _____

Reasons for findings, including any stipulations or conditions:

FINAL APPROVAL OF ZONING CHANGE REQUEST BY TOWN BOARD

Town Clerk: _____ Date: _____

Town Board Chairman: _____ Date: _____

Decision Date: _____

Approved _____ Denied _____

Resolution Number to Ordinance Zoning Map change: _____

Reasons for findings, including any stipulations or conditions:
