

Date Filed _____
Amount Paid _____
Check No. _____
Application # _____

**TOWN OF PLOVER  
MARATHON COUNTY, WI  
APPLICATION FOR  
COMPREHENSIVE PLAN  
MAP AMENDMENT**

A comprehensive plan map amendment is a change or revision to a land use map designation assigned to a specific property (or properties). Fee: \$300.00

**1. Applicant Information**

Applicant \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax \_\_\_\_\_

**2. Owner Information (If different than applicant)**

Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax \_\_\_\_\_

**3. Correspondence Address:** (This is the address to which all agendas, letters and other materials will be forwarded.)

Name: \_\_\_\_\_ Telephone \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax \_\_\_\_\_

**4. Applicant is (Check one):**    Owner ( )    Agent ( )    Other ( ) \_\_\_\_\_  
(If Applicant is not the owner, provide letter of Authorization from All Property Owners) (Specify)

**5. The present Owner acquired legal title to the subject property on \_\_\_\_\_ (Date)**

**6. Property location & address:** \_\_\_\_\_  
\_\_\_\_\_

**7. Parcel I.D. Number:** \_\_\_\_\_

**8. Parcel Size/Dimension: (Square feet/Acres)** \_\_\_\_\_

**9. Existing Use of Property:** \_\_\_\_\_

**10. Future Land Use of Property (Future Land Use Map Designation):** \_\_\_\_\_

11. Proposed Future Land Use (by Applicant): \_\_\_\_\_
12. Existing Zoning: \_\_\_\_\_
13. Proposed Zoning change (if Applicable): \_\_\_\_\_
14. Surrounding Future Land Use/Zoning Classification/Existing Use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. On a separate sheet of paper, please thoroughly address the following:
  - a. Why the comprehensive plan map amendment is being proposed.
  - b. 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.
16. Please attach (preferably on 8.5"X11" or 11"X17" paper) the following:
  - a. A vicinity map
  - b. An accurate map showing the specific parcels subject to the amendment request; and,
  - c. Any additional information that you believe supports your request.

I hereby depose and say that all the above statements and all accompanying statements and drawings are correct and true.

\_\_\_\_\_  
Signature of Applicant

**Applicant attendance at this hearing is not mandatory, but is strongly recommended.**

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal) My Commission Expires: \_\_\_\_\_

**For Staff Use Only**

Date Filed: \_\_\_\_\_

Application #: \_\_\_\_\_

Forwarded to the Town Plan Commission Date: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Recommendation of the Town Plan Commission: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolution #: \_\_\_\_\_ Resolution Adoption Date: \_\_\_\_\_

**NOTE: This is only a recommendation. Requires adoption of ordinance by Town Board to become effective.**

30-Day Public Review Period Began on: \_\_\_\_\_

Forwarded to the Town Board on: \_\_\_\_\_

Date of Plan Amendment Public Hearing: \_\_\_\_\_

Ordinance #: \_\_\_\_\_

Ordinance Approved: \_\_\_\_\_

Ordinance Published: \_\_\_\_\_

Sent to Statutory Distribution List: \_\_\_\_\_

Map Amendment: (Adopted / Denied)

\_\_\_\_\_  
Dale Seymour, Town Chairman