



## TOWN OF LAWRENCE ZONING AMENDMENT APPLICATION FOR PLANNING AND ZONING

### GENERAL INFORMATION

<b>Purpose:</b>	The Lawrence Town Board may, from time to time, in the manner hereafter set forth, amend the regulations imposed in the districts and amend district boundary lines, provided that in all amendatory ordinances adopted under the authority of this section, due allowance shall be made for the intent and purpose of said changes as per Article II of this chapter.
<b>Fee:</b>	\$250.00
<b>Meeting Dates/Times:</b>	Meetings of the Planning and Zoning Board occur the second Wednesday of each month at the Lawrence Town Hall, 2400 Shady Ct., De Pere, WI 54115 at 6:00pm. Submit app 7 days prior to meeting.
<b>Application/Information Submittal:</b>	An application for an amendment shall be filed with the Town Board and Town Planning and Zoning Board in such form and accompanied by such information as required by the Town Planning and Zoning Board. Said application shall be reviewed and a written recommendation submitted thereon to the Town Board.
<b>Ordinance:</b>	<u><a href="#">§ 300-203 Application for amendment</a></u>

READ ALL INSTRUCTIONS PROVIDED BEFORE COMPLETING. IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL PAGES.

### SECTION 1: APPLICANT INFORMATION

Applicant Name:		
Mailing Address:		
City:	State:	ZIP Code:
Email:		
Phone Number:		

### SECTION 2: LANDOWNER/DEVELOPER INFORMATION *(IF DIFFERENT FROM APPLICANT)*

Owner/Developer Name:		
Mailing Address:		Email:
City:	State:	ZIP Code:
Email:		
Phone number:		

### SECTION 3: PROJECT OR SITE LOCATION

Project Address:	Parcel #(s):
Parcel Size:	
Current Zoning District:	Frontage:



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Legal Description:

### SECTION 4: ADDITIONAL INFORMATION

Describe Purposed  
Amendment:

Prepare and submit an electronic copy of the sign plan detailing your request completely and any additional information which will support your application.

**Signature of Applicant:**

**Date:**



### \*\*\*FOR OFFICE USE ONLY\*\*\* APPLICATION/PAYMENT RECEIVED BY

Name: \_\_\_\_\_

Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

District: \_\_\_\_\_ Zoning: \_\_\_\_\_

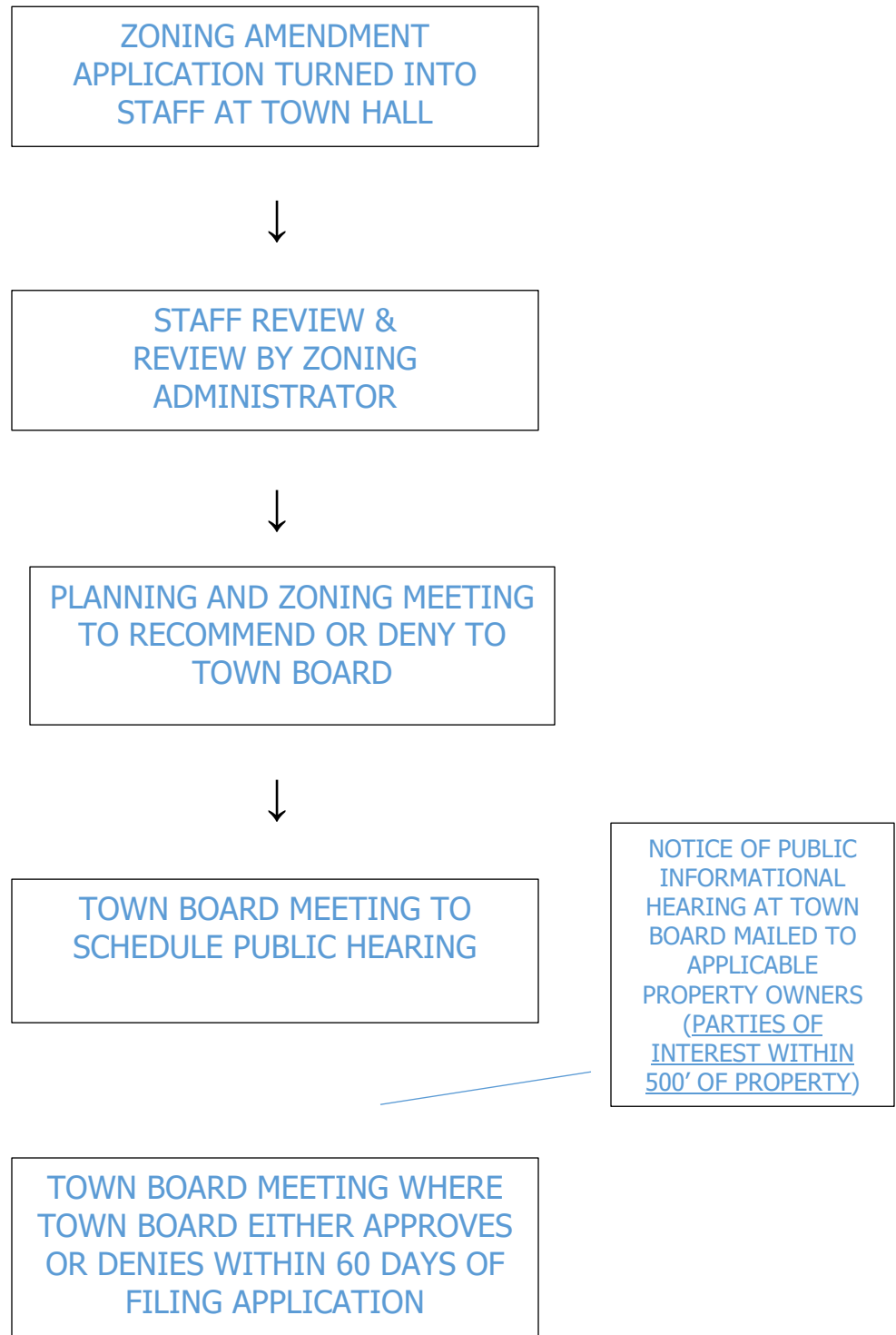
**Permit #:**

**Parcel #:**



2400 Shady Court \* De Pere, WI 54115 \* Phone: (920) 336-9131 \* Fax: (920) 336-9193

## Zoning Amendment Flowchart



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**Recommendation by Planning and Zoning**

Planning and Zoning meeting Date: \_\_\_\_\_

Recommended Action:  
\_\_\_\_\_

Recommended Conditions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vote: \_\_\_\_\_

\_\_\_\_\_  
*Authorized Signature*

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**Decision by Town Board**

Hearing Date:\_\_\_\_\_

Discussion:  
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Vote: \_\_\_\_\_

\_\_\_\_\_  
*Authorized Signature*