



TOWN OF LAWRENCE ZONING AMENDMENT APPLICATION FOR PLANNING AND ZONING

GENERAL INFORMATION

Purpose:	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.
Fee:	\$300.00
Meeting Dates/Times:	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.
Application/Information Submittal:	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.
Ordinance:	§ 300-203 Application for amendment

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

SECTION 1: APPLICANT INFORMATION

Applicant Name: Colin & Lindsay Wagner

Mailing Address: 2326 Mid Valley Dr

City: De Pere

State: WI

ZIP Code: 54115

Email: ColinW@lawrencewi.gov

Phone Number: (920)615-0611

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: Nutmeg Dr

Parcel #(s): L-161-1-1

Parcel Size: 3.494 Acres

Current Zoning District: A-1

Frontage: 225.81 Ft



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Legal Description: LOT 3 OF CSM 9450 IN 2997614 BNG PRT OF GOVT LOT 4 SEC 25 T23N R19E

SECTION 4: ADDITIONAL INFORMATION

Describe Purposed
Amendment:

Would like to rezone to R-1 residential to build a house

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: _____

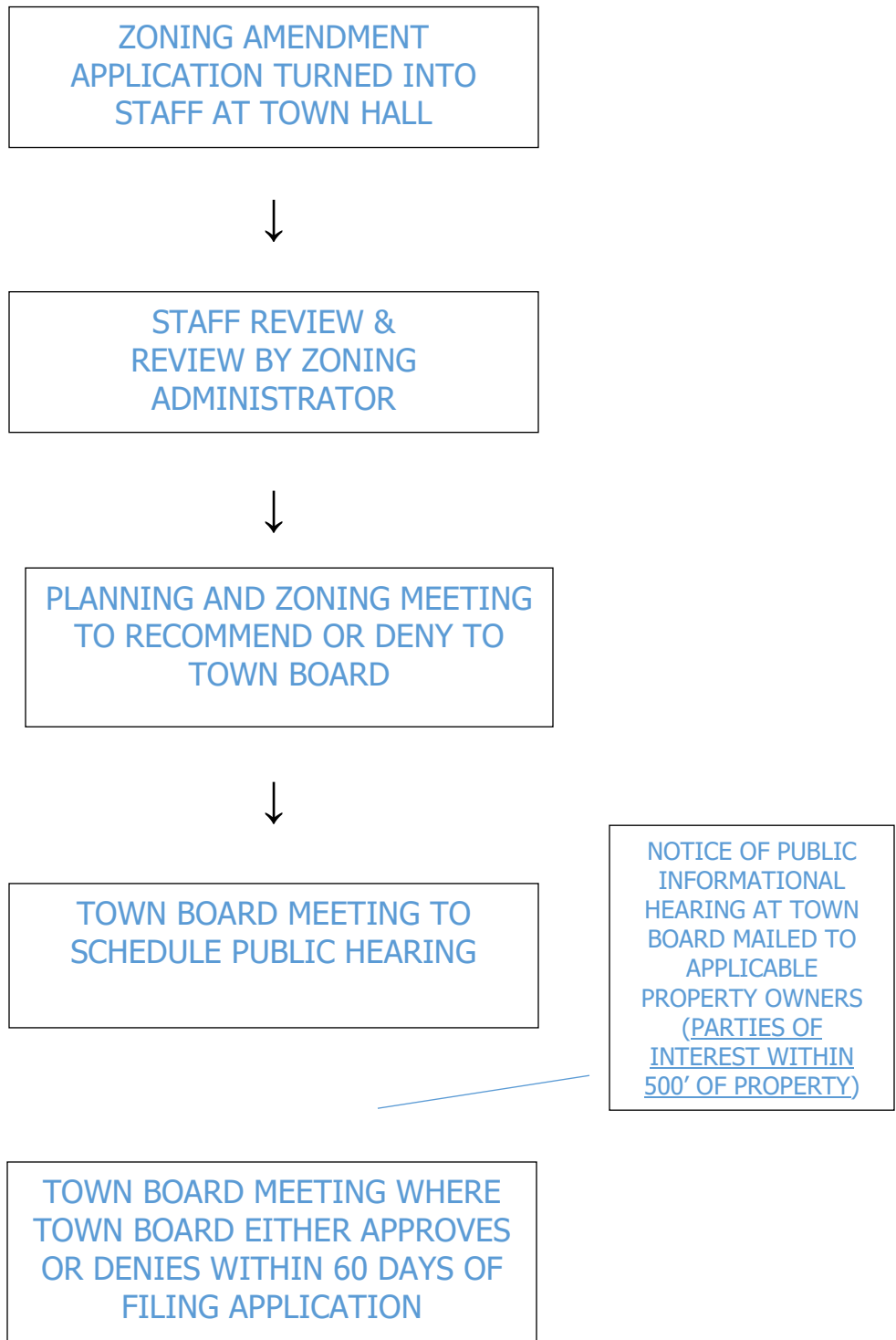
Permit #:

Parcel #:



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

Zoning Amendment Flowchart



Recommendation by Planning and Zoning

Planning and Zoning meeting Date: _____

Recommended Action:

Recommended Conditions:

Vote: _____

Authorized Signature

Decision by Town Board

Hearing Date:_____

Discussion:

Vote: _____

Authorized Signature