

Completed by Applicant

Date Submitted	Date of Plan Commission	Signature of Staff Member
<p>SUBMITTED: <i>(To be completed by applicant: Check each individual blank as information is confirmed. If not applicable, mark N/A.)</i></p> <p><input type="checkbox"/> Standard Application and Additional Required Information sheet (Forms 1 and 5)</p> <p><input type="checkbox"/> Plat drawn to scale of one (1) inch equals one hundred (100) feet prepared showing all of the following:</p> <p>Zoning Map Change:</p> <ul style="list-style-type: none"><input type="checkbox"/> Names and addresses of the owner, subdivider and surveyor<input type="checkbox"/> Graphic scale (minimum 1" = 100')<input type="checkbox"/> North arrow<input type="checkbox"/> Area to be rezoned<input type="checkbox"/> Adjacent zoning districts (location and dimensions)<input type="checkbox"/> Location and existing use of all properties within five hundred (500) feet of the area proposed to be rezoned<input type="checkbox"/> Additional information required by the Town Plan Commission or Town Board <p>Zoning Text Changes:</p> <ul style="list-style-type: none"><input type="checkbox"/> Additional information required by the Town Plan Commission or Town Board such as:<ul style="list-style-type: none"><input type="checkbox"/> Existing ordinance language for consideration.<input type="checkbox"/> Proposed ordinance language for consideration.<input type="checkbox"/> Explanation of the consistency of this zoning text amendment with the Land Use Plan. <p>Miscellaneous</p> <ul style="list-style-type: none"><input type="checkbox"/> Any other features pertinent to application<input type="checkbox"/> Any other information required by the Town		

Architect			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		

Professional Engineer			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		

Registered Surveyor			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		

Contractor			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		