

Town Of St. Germain
Application
For Zoning District Map Amendment

Fee \$ 250.00

App. Date _____
Date Rec'd. _____
Fee Paid _____
Rec'd By _____

The undersigned hereby requests the Town Board amend the Zoning District Map as Follows:

Present Zoning District: _____
Requested Zoning District _____

PROPERTY LOCATION AND DESCRIPTION:

Gov't Lot _____ or _____ 1/4, _____ 1/4, Section _____, Town _____ N, Range _____ E,
Town Of St. Germain, Vilas County, Wi. Computer Number 024 _____

OWNER:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____

AGENT:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____

REQUESTED CHANGE: (Briefly state reason for requested change.)

Please attach all necessary worksheets and maps to this application.

Your application must include sufficient information for the St. Germain Planning And Zoning Committee to properly evaluate your request. Insufficient information may be cause for denial of the application.

Dated this _____ day of _____, 20_____

Signature of Applicant: _____

Return to: Thomas Martens, Town Clerk
P.O. Box 7, St. Germain, Wisconsin 54558

Approved 06-10-06