

Town Of St. Germain
Application
For Zoning District Map Amendment

Fee \$350.00

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 Vilas County Parcel Number 024- _____

OWNER:

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

AGENT:

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

REQUESTED CHANGE: (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 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: _____

Submit to: June Vogel, Town Clerk

P. O Box 7, St. Germain WI 54558