

TOWN OF KEWASKUM
APPLICATION TO AMEND COMPREHENSIVE PLAN
(updated 9-14)

Date of Plan Adoption: October 19, 2009

Date of Application for Plan Amendment: _____

Attach a legal description and provide the tax key numbers of parcels included in this application:

CONTACT INFORMATION

Property Owner:

Name: _____

Address: _____

Phone (home): _____ (cell): _____

(work): _____ (fax): _____

Email: _____

Note: If the property owner's signature cannot be obtained in the above space, a "letter of agent status" signed by the property owner must be submitted if you are an applicant (tenant, leaseholder, or authorized agent representing the legal owner) acting on their behalf.

Applicant (if different):

Name: _____

Address: _____

Phone (home): _____ (cell): _____

(work): _____ (fax): _____

Email: _____

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Owner's Agent:

Name: _____

Address: _____

Phone (home): _____ (cell): _____

(work): _____ (fax): _____

Email: _____

LAND USE CATEGORY

Existing Land Use Category shown on the "Land Use Plan for the Town of Kewaskum: 2035" Map:

Proposed Land Use Category:

Reasons for the proposed amendments (please explain):

ANALYSIS OF PROPOSED AMENDMENT

Explain how the proposed amendment is consistent with the goals, objectives, policies, and programs of the multi-jurisdictional comprehensive plan:

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Describe surrounding land uses and whether the proposed amendment will be compatible with surrounding uses:

Explain whether the proposed amendment will have any detrimental effects on the environment, or how the project has been designed to avoid such effects:

Explain how the proposed project will provide a substantial public benefit to the community:

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Explain if public streets, utilities, and other necessary public services are available to serve the proposed development, or are planned to be available in the near future:

Explain if existing or planned streets, utilities, and other facilities and services are adequate to serve the proposed development:

(FOR OFFICE USE ONLY)

Date Application Received: _____

Date Sent to Zoning Administrator: _____