

Parcel No. _____

PETITION FOR PUBLIC HEARING TOWN OF BROTHERTOWN PLAN COMMISSION

- Text Amendment
- Conditional Use Permit

- Map Amendment
- Request for Rezone

1. APPLICANT

Name: _____

Address: _____

Phone: _____

ATTORNEY (if applicable)

Name: _____

Address: _____

Phone: _____

OWNER OF PROPERTY (if not applicant)

Name: _____

Address: _____

Phone: _____

NOTE: A SITE PLAN MAY BE REQUIRED FOR CERTAIN PUBLIC HEARINGS IF DEEMED NECESSARY BY THE COMMISSION.

2. This petition affects Section _____ of the Town of Brothertown Ordinance. If map amendment, the land is petitioned to be rezoned from _____ to _____ and will be used for _____

_____.

3. Legal description of property:

_____.

4. Brief explanation of petition and reasons why you feel the petition should be granted. In cases of appeal, please state the alleged specifications of error by the Code Administrator.

5. List names and addresses of people owning property and/or residing within 500 feet of the affected property. Use additional sheets if necessary.

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SIGNATURE: _____ DATE: _____
(Applicant)

SIGNATURE: _____ DATE: _____
(Must be signed by owner if other than applicant)

SEND COMPLETED FORM TO:

Town of Brothertown Plan Commission
c/o Anita Popp
N2897 Lincoln Rd
Chilton, WI 53014

PUBLIC HEARING FEE: \$ 600.00

(Make check payable to "Town of Brothertown")

*****Petitioning parties will be responsible for any Town Attorney fees accrued during petition process.*****

DATE PETITION RECEIVED: _____

RECEIPT NO. _____