



Town of Day

122518 County Road C, Stratford WI 54484

Email: zoning@townofdaywi.gov

Town Website: townofdaywi.gov

(Application must be clear and legible - Print Clearly or Type)

Comprehensive Plan Map Amendment Application

(Submit 1 hard copy or 1 electronic copy of plans/drawings)

Property Owner(s): _____

Mailing Address: _____

Phone: _____ E-Mail: _____

Applicant (if other than Owner): _____

Check: Architect _____ Engineer _____ Surveyor _____ Attorney _____ Agent/Other _____

Mailing Address: _____

Phone: _____ E-Mail: _____

Signature and Certification:

The, below-signed, hereby make application for a comprehensive plan map amendment for the lands described herein. I declare that the information I am supplying is true and accurate to the best of my knowledge, and I acknowledge that this information will be relied upon for the granting of this amendment. By signing this application, I am granting permission to the Town of Day staff and elected/appointed officials to enter my property at any reasonable time for the purpose of inspection to assure compliance with the zoning laws relative to the granting of this amendment.

Owner (or owner's agent) Signature: _____ Date: _____

Applicant Signature (if other than owner): _____ Date: _____

Site Plan/Project Specifics:

Site Address: _____

Tax Parcel No.(s): _____

Current Zoning: _____ Current Land Use: _____

Current Future Land Use Classification per Comprehensive Plan: _____

Proposed Zoning (if applicable): _____

Proposed Land Use: _____

Proposed Future Land Use Classification by Applicant: _____

Current Surrounding Land Uses: _____

On a separate sheet of paper or cover letter, please thoroughly address the following:

1. Why the comprehensive plan map amendment is being proposed?
2. Justification and support for the proposed map amendment. Examples might include a discussion of changes that have occurred in the area of the proposed plan map amendment since the comprehensive plan's adoption, consistency of the proposed amendment with the adopted comprehensive plan, and/or how the proposed change will benefit the community.

Property & Location Map Submittal Requirements:

Map of the property, drawn to-scale, is required which shall include the following:

- All lands for which the Comprehensive Plan Future Land Use Plan map is proposed to be amended;
- All other lands within 300 feet of the boundaries of the subject property, showing existing land uses and future land use classifications of all lands on said map.
- Any additional information that you believe supports your request.

Comprehensive Plan Map Amendment Procedure:

Amendments to the Comprehensive Plan shall follow the same procedure as initial plan adoption. The formal review and adoption process involves:

- Plan amendment review by the Plan Commission who must recommend adoption of the plan amendment by adopting a resolution by majority vote.
- The Plan Commission recommendation is forwarded to the Town Board who must adopt the plan amendment by enacting an ordinance by majority vote.
- At least one public hearing is required to allow public comment on the ordinance prior to Town Board final action to adopt the plan amendment. That hearing must be preceded by a class 1 notice that is published at least 30 days before the hearing is held.

Refer to [§66.1001\(4\)](#), Wis. Stats. for more detailed information on the procedure for adopting comprehensive plan amendments.

THIS SECTION IS FOR TOWN USE ONLY

Fee: _____ Acct No: _____ Receipt: _____ Date: _____

Date Rec'd Complete: _____ By: _____ Application No.: _____

Class 1 notice publication date: _____ Public Hearing Date: _____

Neighbors within 300 feet of subject property notified? Yes _____ No _____ Date notified: _____

Plan Commission review date: _____

Plan Commission recommendation: Approve _____ Deny _____

Resolution Number: _____ Date of Resolution Adoption: _____

Town Board review date: _____

Town Board decision: Approve _____ Deny _____

Ordinance Number: _____ Date Ordinance Published: _____

Sent to statutory distribution list (See [§66.1001\(4\)\(b\)](#), Wis. Stats.)? Yes _____ No _____ Date Sent _____

Comments: _____
