Town of Day

122518 County Road C, Stratford, WI 54484
Email: **townofdayzoning@gmail.com**
Town Website: townofdaywi.gov
(Application must be clear and legible - Print Clearly or Type)

Zoning Text Amendment Application

Applicant: _____

Mailing Address: _____

Phone: _____ E-Mail: _____

Signature and Certification:
The, below-signed, hereby make application for a zoning text amendment for the amendment(s) 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.*

Applicant Signature: _____ Date: _____

Existing Ordinance Text: Provide a copy of the portion of the current ordinance which is proposed to be amended.

Proposed Ordinance Text (provide additional pages if needed): _____

_____

_____

_____

_____

State the reason(s) for the proposed text amendment, consisting of the reasons why you believe the proposed text amendment is in harmony with the Town of Day Comprehensive Plan and the purpose of this Ordinance. (provide additional pages if needed): _____

_____

_____

_____

Is the proposed zoning text amendment consistent with the Town's Comprehensive Plan?

Yes_____ No_____ Explain:_____

_____

_____

Describe how the proposed zoning text amendment is in the public interest and would provide a beneficial impact to the community: _____

_____

_____

THIS SECTION IS FOR TOWN USE ONLY

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

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

Public hearing notice publication dates: _____ _____

Plan Commission review date: _____

Plan Commission recommendation: Approve__ __Deny__ ___

Town Board review date: _____

Town Board decision: Approve_____ Deny _____

Comments: _____

_____

_____