

**TOWN OF CHRISTIANA
 PLAN COMMISSION APPLICATION
 REZONE, CONDITIONAL USE PERMIT OR LAND DIVISION**

Contact Person	Telephone number
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SECTION A - GENERAL INFORMATION

Applicant's name	Date of application
Full address	E-mail address
Home telephone number	Work telephone number
Owner's name (if different than applicant)	Telephone number
Full address	

I, _____, authorize and agree to _____ submitting
 (owner's name) (applicant's name)

this application pertaining to land I own in the Town of Christiana. (Owner is required to attend the first Plan Commission meeting)

_____ _____
Date **Signature of owner**

Agent's name	Address	Telephone number
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SECTION B - PROPERTY DESCRIPTION AND INFORMATION

Section	$\frac{1}{4}$ $\frac{1}{4}$ section	Parcel number 016/0612-____-____-____-____
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Parcel address

Parcel location (if no address)

Total acres in parcel	Total acres to be rezoned	Present zoning	Requested zoning
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Intent or purpose

Is there a house or building on this parcel now? Yes No

Have you previously submitted an application for rezone on this parcel? Yes No

Is this the original tract of land from 1979? Yes No

Has the property been previously rezoned? Yes No

If yes, how many times? 1 2 3

Are there any deed restrictions on this property? Yes No

Explain land divisions, provide dates and attach documentation.

Please provide us with a list of names and addresses of landowners within 1/4 mile of your property and whose land is adjacent.

Have you filled out an application with Dane County? Yes No

Are you requesting a conditional use permit? Yes No

Will you be requesting a variance from the Town Board? Yes No

SECTION C - SITE VISIT

Do you have any objection to a site visit by Plan Commission or Town Board members with reasonable notice? Yes No

SECTION D - APPLICANT'S STATEMENT

All the information on this form is accurate.

Date

Signature of applicant