

**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	$\frac{1}{4}$ 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 rezoning of 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 all landowners within ¼ mile of your property and those 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, with reasonable notice, by Plan Commission or Town Board members? Yes No

SECTION D - APPLICANT'S STATEMENT

All the information on this form is accurate.

Date

Signature of applicant