

TOWN OF CICERO
REZONING APPLICATION

AN APPLICATION TO AMEND THE OFFICIAL ZONING MAP FOR THE TOWN OF CICERO, OUTAGAMIE COUNTY, WI

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

CONTACT'S E-MAIL _____

APPLICANT IS THE: _____ OWNER'S AGENT _____ PROPERTY OWNER _____ CONTRACT PURCHASER

PROPERTY INFORMATION:

PRESENT ZONING DISTRICT:

_____ GENERAL AGRICULTURE _____ EXCLUSIVE AGRICULTURE _____ COMMERCIAL

REQUESTED ZONING DISTRICT:

_____ GENERAL AGRICULTURE _____ EXCLUSIVE AGRICULTURE _____ COMMERCIAL

PARCEL NUMBER(S): _____ ACREAGE: _____

ADDRESS OF PROPERTY: _____

PROPOSED DEVELOPMENT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

PLEASE ATTACH A SKETCH OF PARCEL OR PORTION OF PARCEL REQUESTING REZONING.

RETURN TO: sjhackl@granitewave.com

OR: Town of Cicero, Chairman
Steve Hackl
W3765 Cicero Rd.
Seymour, WI 54165

Call with questions: 920-843-2305

