

Town of Pittsfield
6532 Old 29 RD
Seymour, WI 54165
920-865-7907/920-676-1517

Name of Land Owner_____

Address_____

Telephone Number_____

Legal Description AND Parcel Number of Subject Property_____

Current Zoning:_____

I request the Town of Pittsfield to take the following Action:

___ Rezone Property (\$300)

___ Variance Review (\$300)

___ Conditional Use (\$300)

___ Certified Survey Map (\$300)

___ Review of Plat & Multiple CSM (\$250)

___ Pond Permit (\$225)

Describe the action to be taken, attach maps and/or any other applicable information:

ANY ITEMS FOR FINAL CONSIDERATION MUST BE IN THE OFFICE OF THE CLERK 3 WEEKS PRIOR TO THE MEETING DATE, FAILURE TO MEET THESE DEADLINES WILL RESULT IN YOUR ITEM OF BUSINESS NOT BEING PLACED ON THE AGENDA FOR ACTION.

SIGNATURE_____DATE_____