

LAND DIVISION & REZONE APPLICATION

Town of Lyndon, Sheboygan County
 W6081 CTH N, Plymouth, WI 53073
 p - 920-528-7255

Fee Required: \$ 300

- Contact Plan Commission Chair David Roll at 920-528-8918
- Complete all sections of this form and return to Clerk's office with fee and other required documents (see section below).

NAME		PHONE	
ADDRESS		CITY	ZIP
SITE ADDRESS		CITY	ZIP
ORIGINAL PARCEL # 59010-	Currently Zoned	Acres	

LAND DIVISION, MERGE WITH REZONE:

My original parcel will become two parcels:	I want to split off some land and merge with another:
# of Acres to split from Original Parcel: <input style="width: 100px;" type="text"/>	# of Acres to split off from Original Parcel: <input style="width: 100px;" type="text"/>
Remaining # of acres of Original Parcel: <input style="width: 100px;" type="text"/>	Remaining # of acres of Original Parcel: <input style="width: 100px;" type="text"/>
Would the current zoning of Orig Parcel still apply? <input type="checkbox"/> YES <input type="checkbox"/> NO → Orig parcel to be rezoned to: _____	Would the current zoning of Original Parcel still apply? <input type="checkbox"/> YES <input type="checkbox"/> NO → Original Parcel to be rezoned to: _____
# of Acres of New Parcel: <input style="width: 50px;" type="text"/>	Adjacent parcel land to be merged to: 59010-_____
New Parcel to be zoned: <input style="width: 50px;" type="text"/>	Original size of adjacent parcel _____ acres.
CSM Review Application is necessary for this request! Please attach application and CSM Review fee.	Original zoning of adjacent parcel: _____
	With merged land, new size of adjacent parcel _____ acres.
	Would the current zoning of Adjacent Parcel still apply? <input type="checkbox"/> YES <input type="checkbox"/> NO → Adjacent Parcel to be rezoned to: <input style="width: 100px;" type="text"/>

Farmland Preservation Zoning (FPZ) includes A-1, A-1-RZ, A-1-S and A-PR.

How many acres will be rezoned out of FPZ?

How many acres will be rezoned into FPZ?

REZONE ONLY:

Parcel is now zoned _____, requesting to change to _____.

Describe the existing and proposed use of the real estate involved: _____

REQUIRED DOCUMENTS FOR THIS APPLICATION

Check boxes when documents are attached: Site map of parcel including, but not limited to, size, location of existing buildings, sanitary system and well.

List of Owner names and mailing addresses within five hundred (500) feet of this parcel.

For Town Use Only

Date App Rec'd:	PC Mtg Date:	PC recommend to TB?	Yes No
Date notice sent to Review:	For Publication Dates of:		
Pub Hearing Date:	TB Approve?	Yes	No