

Date Filed _____
Amount Paid _____
Check No. _____
Application # _____

**VILLAGE OF WESTON
MARATHON COUNTY, WI
APPLICATION FOR
COMPREHENSIVE PLAN
TEXT AMENDMENT**



Revised 1/1/2010

Fee: \$100.00 where request is intended to benefit specific properties opposed to a general village wide policy

A comprehensive plan text amendment is a change or revision to the Comprehensive Plan narrative (text). It typically includes amendment to the plan's goals, objectives, policies or background text. Amendments may include new text, revisions to existing text, or deletion of text. Applications for plan text amendments and the applicable fee **must be submitted/postmarked by July 15th** for consideration during the Village's annual comprehensive plan amendment cycle. Applicant will be notified of the date and place of meetings related to this proposed amendment. It is strongly recommended that applicants attend all meetings and public hearings related to this amendment request.

1. Applicant Information

Name: _____

Firm Name (if Applicable): _____

Mailing Address _____

City/State/Zip: _____

Daytime Phone Number: () _____ Fax _____

Email Address: _____

2. Please describe the proposed text amendment, indicating the exact nature of the change sought. Also, if the proposal is to amend or delete existing text, please reference the Comprehensive Plan Chapter and page number. Use strikethrough and underline if appropriate. (Use additional pages as necessary.)

3. Please clearly describe why the text amendment is being proposed. (You may attach separate pages if necessary.)

4. Please feel free to attach (preferably on 8.5"X11" or 11"X17" paper) any additional information that supports your request (maps, additional explanation).

Applicant's Signature _____ Date _____

For Staff Use Only

Date Filed: _____

Application #: _____

Reviewed by Village Staff Date: _____

Forwarded to the Village Planning Commission Date: _____

Date(s) of Planning Commission Review: _____

Recommendation of the Village Planning Commission: _____

Resolution #: _____ Resolution Adoption Date: _____

NOTE: This is only a recommendation. Requires adoption of ordinance by Village Board to become effective.

30-Day Public Review Period Began on: _____

Forwarded to the Village Board on: _____

Date of Plan Amendment Public Hearing: _____

Ordinance #: _____

Ordinance Approved: _____

Ordinance Published: _____

Sent to Statutory Distribution List: _____

Map Amendment: (Adopted / Denied)

Village President