



APPLICATION FOR TRADITIONAL NEIGHBORHOOD DEVELOPMENT (TND) REZONING

Community Development Department
 100 N. Appleton St. PH: 920-832-6468
 Appleton, WI 54911 FAX: 920-832-5994

Stamp date received

PROPERTY OWNER		APPLICANT (owner's agent)	
Name		Name	
Mailing Address		Mailing Address	
Phone	Fax	Phone	Fax
E-mail		E-mail	

PROPERTY INFORMATION	
Property Tax # (31-0-0000-00)	
Site Address/Location	
Legal Description of Land proposed for Rezoning including to the center line of right of way(s) (may be attached as separate sheet) *Please submit an electronic copy of the legal description on a disk in Microsoft Word format.	
Current Zoning:	Proposed Zoning:
Current Uses:	Proposed Uses:
Lot Dimensions and Area:	

PLEASE STATE THE REASON(S) FOR TND REZONING REQUEST

Date	Owner/Agent Signature (Agents must provide written proof of authorization)
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OFFICE USE ONLY			
Application Complete _____	_____/_____/____	Date Filed _____	_____/_____/____
Fee \$400.00	Acct #15020.5002	Receipt # _____	Date Paid _____