



**APPLICATION FOR TRADITIONAL NEIGHBORHOOD DEVELOPMENT (TND) AMENDMENT**

Community and Economic 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 including to the center line of right of way(s) (may be attached as separate sheet) <b>*Please submit an electronic copy of the legal description on a disk in Microsoft Word format.</b>	
Current Zoning:	
Current Uses:	Proposed Uses:
Lot Dimensions and Area:	

PLEASE STATE THE REASON(S) FOR THE TND AMENDMENT REQUEST

Date	Owner/Agent Signature (Agents must provide written proof of authorization)

OFFICE USE ONLY			
FILE # _____	Application Complete _____	____/____/____	Date Filed ____/____/____
Fee \$150.00	Acct #PWZNIG	Receipt # _____	Date Paid ____/____/____