

TOWN OF ROCKLAND REQUEST TO THE PLANNING COMMISSION

APPLICANT / OWNER

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

AGENT FOR APPLICANT / OWNER

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

NATURE OF REQUEST (Check what is being requested and use the appropriate form below)

Zoning Change

Site Plan Review

Pre App: Conceptual

Plat Review: Preliminary

Plat Review: Final

Other _____

Plat Review: PDD

Plat Review: CSM

PROPERTY LOCATION AND DESCRIPTION

Parcel Number(s) _____ Size of Parcel(s) _____ acres

Property Location _____

- 1. ATTENDANCE IS REQUIRED AT BOTH PLANNING AND TOWN BOARD MEETINGS WHERE ACTION/APPROVAL IS TO TAKE PLACE, UNLESS OTHER ARRANGEMENTS ARE MADE WITH TOWN STAFF. CONTACT THE OFFICE FOR MEETING SCHEDULE.**
- 2. THE APPLICANT / OWNER OF ABOVE PARCEL(S) HEREBY GIVES PERMISSION TO THE TOWN OF ROCKLAND, ITS STAFF / EMPLOYEES, AGENTS, AND/OR APPOINTEES TO ENTER THE PROPERTY FOR PURPOSES OF THIS REQUEST WITH PROPER NOTIFICATION TO APPLICANT / OWNER.**
- 3. UPON APPROVAL OF REQUEST, CHECK WITH ROCKLAND ZONING ADMINISTRATOR FOR ANY NECESSARY PERMITS.**

Signature of Applicant / Owner: _____ Date: _____

Signature of Agent for Applicant / Owner: _____ Date: _____

Send completed forms to: Town of Rockland Clerk, 1712 Bob-Bea-Jan Road, De Pere WI 54115

DISPOSITION (For Office Use Only)

Date of Publishing: _____

Date of Request: _____

Committee Recommendation: _____

Date of Recommendation: _____

Town Board Action: _____

Date of Action: _____

Fee Amount Paid: _____ Check No. _____