

**TOWN OF ROCKLAND
REQUEST TO THE PLANNING COMMISSION**

APPLICANT/OWNER

AGENT FOR APPLICANT/OWNER

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone Number _____

Telephone Number _____

Cellular Phone Number _____

Cellular Phone Number _____

Fax Number _____

Fax Number _____

Email Address _____

Email Address _____

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Zoning Change | <input type="checkbox"/> Plat Review: Preliminary | <input type="checkbox"/> Plat Review: PDD |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Plat Review: Final | <input type="checkbox"/> Plat Review: CSM |
| <input type="checkbox"/> Pre App: Conceptual | <input type="checkbox"/> Other _____ | |

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: Vicky Van Vonderen 2645 Bildings 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. _____