

Email: clerk@vi.mishicot.wi.gov
Village Website: www.vi.mishicot.wi.gov

## **Zoning Text Amendment Application**

Applicant:	
Mailing Address:	
Phone:	E-Mail:
	cation for a zoning text amendment for the amendment(s) herein. I declare that the I accurate to the best of my knowledge, and I acknowledge that this information will amendment.
Applicant Signature:	Date:
Existing Ordinance Text: Provide a c	copy of the portion of the current ordinance which is proposed to be amended.
	dditional pages if needed):
amendment is in harmony with the Vil	axt amendment, consisting of the reasons why you believe the proposed text llage of Mishicot Comprehensive Plan and the purpose of this Ordinance. (provide

Is the prop	osed zoning tex	t amendment consister	nt with the Village's Com	prehensive Plan?	
Yes	No	_ Explain:			
Describe h	ow the propose	d zoning text amendme	ent is in the public interes	st and would provide a beneficial impact to	the
community	/ <b>:</b>				
		THIS SECT	ION IS FOR VILLAGE	LUSE ONLY	
			ion is for villing.		
Fee:		_ Acct No:	Receipt:	Date:	
Date Rec'v	d Complete:		Ву:	Application No.:	
Public hear	ring notice publ	ication dates:			
		late:			
Plan Comn	nission recomm	endation: Approve _	Deny		
Village Bo	ard review date	:	•		
•		Approve De			
•		• •			
Comments	•				