

PETITION FOR  
**ZONING CHANGE/AMENDMENT**

TO: Town of Oshkosh Board  
1076 Cozy Lane  
Oshkosh, WI 54901

The undersigned owner(s) of the property herein described petitions your honorable body for an amendment to the Town of Oshkosh Zoning Ordinance and Map to effect a change in the Zoning Classification of real estate in the Town of Oshkosh, Winnebago County, Wisconsin, more particularly described in summary as follows, to-wit:

From/existing \_\_\_\_\_ zoning district to \_\_\_\_\_ zoning district  
per Certified Survey Map Number \_\_\_\_\_.

Location of property by address/parcel number: \_\_\_\_\_

The land described above will be used for: \_\_\_\_\_

if the amendment is adopted.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Respectfully submitted:

\_\_\_\_\_  
(Name printed)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Legal Signature)

**Town of Oshkosh**  
**Zoning Change/Amendment Application**

Check or Money Order payable to Town of Oshkosh Fee: \$450.00 receipt # \_\_\_\_\_ ID Number \_\_\_\_\_  
(Please print using black ink for duplication purposes)

**A. CONTACT INFORMATION**

**1.) PROPERTY OWNER:**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Permission is hereby granted for appropriate Town Staff to enter upon the property for the placement and removal of hearing notice sign, and conducting inspections prior to hearing. Said permission is to remain in force until the conclusion of the Public Hearing and is binding upon all heirs and assigns.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2.) APPLICANT INFORMATION (If different than owner):**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**B. PROPERTY INFORMATION:**

- 1.) Tax Key/Parcel #: \_\_\_\_\_
- 2.) Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ or CSM# \_\_\_\_\_  
Section \_\_\_\_\_ Town \_\_\_\_\_ North \_\_\_\_\_ Range \_\_\_\_\_ East Acres \_\_\_\_\_
- 3.) Location of Property: \_\_\_\_\_
- 4.) Zoning (Existing): \_\_\_\_\_ Zoning Proposed: \_\_\_\_\_
- 5.) Use (Existing): \_\_\_\_\_  
Use (Proposed): \_\_\_\_\_
- 6.) Existing Sewer: Septic Mound Holding Tank Municipal or Needed \_\_\_\_\_
- 7.) Proposed site plan AND map of existing location as described in instructions included: \_\_\_\_\_

**C.) REASONS FOR CHANGE:**

**Describe the MAIN USE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the PROPOSED USE:**

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**Describe the essential services (sewer, water, streets, etc.) for present and future uses:**

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**Describe why the proposed use would be the highest and best for the property:**

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**Describe the property use compatibility with surrounding land use:**

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**A Public Hearing will be set upon the receipt of applications Z-100 & Z-101 including supplemental material and payment, whereas the applicant will furnish necessary information to the Zoning Administrator for processing of this application.**

I ACCEPT THESE TERMS AND HEREBY SUBMIT THE APPLICATION FOR APPROVAL:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Print name: \_\_\_\_\_

Date Application Received by Zoning Administrator: \_\_\_\_\_

Zoning Administrator signature: \_\_\_\_\_

**PLANNING & ZONING COMMISSION RECOMMENDATION OF DECISION TO TOWN BOARD**

Town Plan Commission Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Town Plan Commission Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Decision Date: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Published Dates of public hearing (class 2 notice): \_\_\_\_\_

Reasons for findings, including any stipulations or conditions:

\_\_\_\_\_

**FINAL APPROVAL OF ZONING CHANGE REQUEST BY TOWN BOARD**

Town Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Town Board Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

Decision Date: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Resolution Number to Ordinance Zoning Map change: \_\_\_\_\_

Reasons for findings, including any stipulations or conditions:

\_\_\_\_\_