

Town of Wilson

APPLICATION FOR ZONING NOTICE PER STAT. 59.69 (5) (F)

APPLICANT INFORMATION

Name:

Property address:

Parcel Number:

Phone Number:

Method of contact: Mail Email
(Please select desired method of contact)

Mailing Address:
Email:

SIGNATURES

I hereby request to be placed on the list for notice regarding any proposed zoning ordinance changes relating to the allowable use of my property and any property size or density requirement changes, per Wisconsin Statute 59.69 (5) (F).

Applicant Name:

Date:

Form to be dropped off at Town of Wilson Clerk's office – 5935 S Business Dr. Sheboygan, WI 53081
Or copied and emailed to clerk@townwilson.com