

Eureka Township



Zoning Ordinance Text Amendment Application

Note: Completed application must be submitted to the Eureka Town Clerk by noon on the Thursday 10 days prior to the Planning Commission meeting.

<i>OFFICE USE ONLY</i>

APPLICANT			
Name	Daytime Phone		
Address	City	State	Zip

CONTACT PERSON			
Name	Daytime Phone		
Address	City	State	Zip

PROPERTY INVOLVED <i>(PROVIDE AT LEAST ONE OF THE FOLLOWING)</i>	
Site Address(es)	Property ID Number(s) (PIN)

General description of affected properties

AMENDMENT REQUEST

Section(s) of the zoning ordinance to be amended.

Provide a written explanation of the reasons for the zoning text amendment. *(attach additional sheets if necessary)*

Provide a written explanation of the consistency of the zoning text amendment with the township's land use policies as contained in the current *Eureka Township Comprehensive Plan*. *(attach additional sheets if necessary)*

Proposed language for consideration for amending the ordinance. *(attach additional sheets if necessary)*

(continued on next page)

SIGNATURES (ATTACH ADDITIONAL SHEETS IF NECESSARY)

I/we hereby certify that the information provided in this application is true, correct, and complete. I/we understand that this is an application for a zoning ordinance text amendment only, and that approval does not absolve me/us from obtaining all other applicable permits, such as land use or building permits. I/we understand that I/we shall be responsible for all expenses and outside fees incurred by the Eureka Town Board in processing this application; that the Town Board shall require escrow of funds for fees for attorneys, professional services, and/or other outside expenses prior to incurring such costs; and that I/we shall be permitted to withdraw this application at any time in writing, but shall not be entitled to refund of escrow funds already expended.

Property owner's signature (required)

Date

Property owner's signature (required)

Date

Applicant

Date

DO NOT WRITE BELOW THIS LINE

Date rcvd:	Rcvd by:	Public hrng date:
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60-Day Extension until:

Is there an existing conditional use permit (CUP) or interim use permit for uses on the affected properties? (if yes, attach)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a nonconforming registration form been filed for any of the affected properties? (if yes, attach)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPROVALS REQUIRED (CHECK ALL THAT APPLY)

<input type="checkbox"/> Zoning Administrator	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	_____ Zoning administrator signature	_____ Date
<input type="checkbox"/> Planning Commission	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Planning commission chair signature	_____ Date
<input type="checkbox"/> Town Board	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Town board chair signature	_____ Date

FEES

Application fee \$ _____ Paid _____ Escrow \$ _____ Rcvd _____ Refunded \$ _____ Date _____

NOTES