REQUEST TO THE TOWN OF SHARON BOARD AND PLAN COMMISSION revised 7/16/2018

Please fill out COMPL To be placed on the Pl mail or fax with all supp Mail, fax or deliver to Town of Sharon Clerk Phone 715-592-6600 F or Plan Commission	an Commissic porting docum : (/Treasurer, 6 Fax 715-592-6	ents by the 704 State 666	20 th of the mont	h.	ered or recei	ived by
OWNER	AGENT	AGENT (only if owner absolutely cannot attend meetings.)				
Name	Name					
Address			_ Address			
City	State	Zip	City		State	Zip
Phone			Phone			
Requested Change (s						
(use other side if additi	onal space is	needed)				
Current Land Use Cat	egory		_ (consult Town	Comprehe	nsive Plan)	
Current Zoning Category			Request Zoning Change to			
Property Location and	d Description	1:				
Government Lot#	1/4 of NE		_1/4 of Section_	T	N, R_	E
Property tax number fr	om tax bill					
Land address or neare	st roads					
Approximate size of are	ea affected					
You must attach: pleas	e check which	n ones are a	attached.			
Plat maps with p Soil & Drainage Copies of any pr Planning & Zonir	Maps(if applic ior informatior			vings of pro	posed requ	iests
This request was prese	ented to Town	Clerk, Tow	n Board Membe	r, or Plan C	Commission	Chair on
Date						
Signed by owner (requ	ired)					