



TOWN OF GRAFTON REZONING APPLICATION

1102 Bridge Street
P.O. Box 143
Grafton, WI 53024
(p): 262-377-8500
(f): 262-377-0332

Website: www.town.grafton.wi.us

A separate application form must be completed each time the issue appears before the Town Plan Commission or Town Board of Supervisors. A separate application form must also be completed each time Staff review of punchlist items is required. All information is required for each application. *If submitting applications via facsimile, please send copies of the front and back of the application as well as the front and back of the checklist (as applicable). Applications received without signature and all required information are considered incomplete and will not appear on the agenda or be reviewed by Staff.*

Applications for Agendas with attached submittals are due at least **45 days** prior to each meeting. Incomplete applications will not appear on the Town's agenda. A completed and signed Rezoning Requirement Checklist must accompany the application indicating that all of the required information has been attached, as well as thirty (30) copies of all documentation. In addition, an electronic copy of all submittal information is also required. Please see the Rezoning Requirements Checklist for additional submittal guidelines.

Pre-application Conference: All applicants requesting to be placed on the Planning Commission agenda should consider meeting with the Town Professional Staff or designee in a pre-application conference prior to being placed on the agenda. If it is determined by the Town Professional Staff that the preliminary application is sufficient and adequate information is provided, a written application and the required plan and information shall be submitted to the Town Clerk. The application will be placed on the next available Plan Commission agenda subject to established submittal time limits.

- Pre-application Conference: Date _____
- Planning Commission Agenda Application: Date _____ (1st Wed. of Each Month)
- Board of Supervisors Agenda Application: Date _____ (2nd Wed. of Each Month)
- Staff review of punchlist items

Name of Project: _____

Tax Key No.: _____

Location (lot/block, attach legal): _____

Street Address: _____

Existing Zoning: _____ Proposed Zoning : _____

Landowner of Record: Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Applicant:
(if different than owner) Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

