

TOWN OF GLENMORE
RE-ZONE APPLICATION
CSM APPLICATION

Rezone: Fee: \$_____ Check Number_____ Date Received_____ Request Number _____
CSM: Fee: \$_____ Check Number_____ Date Received_____ Request Number _____

FOR
Town Plan Commission and Town Board
LANDOWNER: **AGENT:**

Name _____
Address _____

Phone () _____ Phone () _____

Certification:

I, _____, will act on my behalf concerning this Re-Zone Application.
OR
I hereby authorize _____ to be the Agent for the above zoning request.

Landowner Date: _____

Acceptance:

I hereby agree to act as Agent for the owner of Parcel GL _____ in accordance with the provisions of the Town of Glenmore Zoning Ordinance.

Agent Date: _____

Requested Change: (State briefly what is being requested and why)

What: _____

Why: _____

Property Location and Description: GL _____ 1/4 _____ 1/4 SEC _____ T22N R21E

Area: _____ Acre(s) (+ or -) Briefly describe location of property in Town:(Road names, landmarks)

Landowners within 1 mile of the subject property(Include names and addresses on all four sides of parcel):

(Attach an additional page if necessary)

**COMPLETE DRAWING AND MARKING AT SITE IS REQUIRED
PRIOR TO SCHEDULING OF ANY MEETING**

1.A DRAWING IS REQUIRED WHICH SHOWS:

- a. Lot size
- b. Proposed building(s) location(s)
- c. Proposed driveway location
- d. Proposed distance from building(s) to the existing boundaries
- e. Identify woods, slopes, drainage ditches, waterways, creeks, etc.

2.PARCEL BOUNDARIES MUST BE STAKED OUT

3.BUILDING(S) LOCATION(S) MUST BE STAKED OUT

4.DRIVEWAY MUST BE STAKED OUT

5.CROPS WILL NOT BE AN EXCUSE FOR IMPROPER STAKING. CUT THEM DOWN OR WAIT UNTIL IT IS FEASIBLE TO DO PROPER STAKING.

6.USE DIFFERENT COLORS (RED/FLUORESCENT ORANGE/WHITE FLAGS, ETC.) TO STAKE OUT PROPERTY. STAKES MUST BE AT LEAST 1 FOOT ABOVE VEGETATION IN ORDER TO BE CLEARLY VISIBLE.

Once all above items are completed, please make arrangements with our Zoning Administrator to review your application and view the site.

Following a successful review of your completed application by the Zoning Administrator your zoning request will be scheduled for consideration at the next Plan Commission meeting.

Approved for the _____, 20__ Plan Commission Meeting:

Zoning Administrator

Date

THERE WILL BE NO EXCEPTIONS. PLEASE DON'T ASK.