



CITY OF NEENAH ZONING APPROVAL REQUEST

Department of Community Development
211 Walnut St. P.O. Box 426
Neenah WI 54957-0426
Phone 920-886-6125 Fax 920-886-6129
Website: www.ci.neenah.wi.us

Office Use Only	
Date:	_____
Case No:	_____
Fee:	_____
Check No:	_____
Receipt No:	_____

Subject Address: _____

Applicant's Name: _____

Mailing Address: _____

PLEASE INDICATE WHICH REQUEST IS BEING MADE

- | | | |
|---|--|---|
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Future Land Use Map Amendment | <input type="checkbox"/> PDD Project Approval |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> CH Project Plan Approval | <input type="checkbox"/> TND Project Approval |
| | | <input type="checkbox"/> Appeal or Variance |

Description of Request:

Owner/Agent: _____	Phone: _____
Signature	

Parcel Number(s): _____

Current Zoning: _____

Informal Hearing: _____

Formal Hearing: _____

Notice Mailed: _____

Notice Mailed: _____

Notice Published: _____

Neenah Plan Commission Action: Approval Denial

Date: _____

Board of Appeals Action: Approval Denial

Date: _____

Common Council Action: Approval Denial

Date: _____

Conditions (If Any):