



DEVELOPMENT APPLICATION
VILLAGE of NORTH FREEDOM
105 North Maple St. - P.O Box 300
North Freedom, WI. 53951
(608) 522-4550

Instructions:

1. The applicant should complete and sign the form. They must also provide all material listed within this application.
2. Please note: The application and attachments become part of the official records of the Village of North Freedom and are therefore not returnable.

TYPE OF APPLICATION: (Please circle one or more)

Subdivision Rezoning Development Plan Zoning Text Change

ZONING:

CURRENT _____ PROPOSED _____

NAME OF SUBDIVISION (if applicable): _____

PROJECT LOCATION: _____

PROPERTY OWNER: _____

APPLICANT: _____

PHONE NUMBER: _____ E-mail: _____

MAILING ADDRESS: _____

SIGNATURE OF APPLICANT: _____ DATE _____

Fee Paid _____

VILLAGE of NORTH FREEDOM PLANNING AND ZONING
OWNERS CONSENT FORM

_____, the sole owner of record of the
Owner's Name

Property legally described as:

states that he/she has thoroughly examined and is familiar with the application
submitted to the Village of North Freedom Planning and Zoning Committee submitted

_____, on behalf
Agent/ Representative

of _____ and expressly consents to the use of the

Applicant / Owner's Name

subject property for the propose _____ described in the

Type of Request

application and expressly consents to all conditions which may be agreed to for the
application which may be imposed by the Zoning and Planning Committee and the
Village of North Freedom Board. I will permit representatives from the Zoning and
Planning Committee and/or the Village Board to access my property at any time for a
“site visit” before the public hearing is conducted.

By _____

Owner's Name