

**TOWN OF ARENA**  
**PO Box 126, Arena, WI 53503**  
**townofarena@mhtc.net**  
**LAND USE CHANGE/CONDITIONAL USE APPLICATION**

**Filing Fee:** \$250.00 (non-refundable), payable to Town of Arena

**Deadline:** 5 days previous to the Plan Commission Meeting (last Monday of the month) by mail or email.

**Instructions:** Please fill out all information below that applies to your request.

Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Landowner: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Applicant Phone: (\_\_\_\_)\_\_\_\_\_ Landowner Phone: (\_\_\_\_)\_\_\_\_\_

Applicant Email: \_\_\_\_\_

Filing

This application is for:

\_\_\_\_\_ Land use change/rezone (\$250) non-refundable

\_\_\_\_\_ Conditional use (\$250)non-refundable

Acreage of proposed lot(s): \_\_\_\_\_

Section \_\_\_\_ Town \_\_\_\_ N Range \_\_\_\_ E \_\_\_\_ 1/4 of the \_\_\_\_ 1/4

Does this request involve any proposed land division? \_\_\_\_ Yes \_\_\_\_ No

Current zoning district of land: \_\_\_\_\_

Requested zoning district: \_\_\_\_\_ for the proposed use(s) of: \_\_\_\_\_

\_\_\_\_\_

Requested conditional uses(s): \_\_\_\_\_

\_\_\_\_\_

Reason for the request: \_\_\_\_\_

Applicant(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landowner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_