



223207 Abt Road, Ringle, WI 54471  
Email: [Ringle446@gmail.com](mailto:Ringle446@gmail.com)  
Town Website: <https://townofringlewi.com/>

## Zoning Text Amendment Application

**Applicant:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Signature and Certification:**

*The, below-signed, hereby make application for a zoning text amendment for the amendment(s) herein. I declare that the information I am supplying is true and accurate to the best of my knowledge, and I acknowledge that this information will be relied upon for the granting of this amendment.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Existing Ordinance Text:** Provide a copy of the portion of the current ordinance which is proposed to be amended.

**Proposed Ordinance Text** (provide additional pages if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the reason(s) for the proposed text amendment, consisting of the reasons why you believe the proposed text amendment is in harmony with the Town of Ringle Comprehensive Plan and the purpose of this Ordinance. (provide additional pages if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the proposed zoning text amendment consistent with the Town's Comprehensive Plan?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Describe how the proposed zoning text amendment is in the public interest and would provide a beneficial impact to the community: \_\_\_\_\_

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**THIS SECTION IS FOR TOWN USE ONLY**

Fee: \_\_\_\_\_ Acct No: \_\_\_\_\_ Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

Date Rec'vd Complete: \_\_\_\_\_ By: \_\_\_\_\_ Application No.: \_\_\_\_\_

Public hearing notice publication dates: \_\_\_\_\_

Plan Commission review date: \_\_\_\_\_

Plan Commission recommendation: Approve \_\_\_\_\_ Deny \_\_\_\_\_

Town Board review date: \_\_\_\_\_

Town Board decision: Approve \_\_\_\_\_ Deny \_\_\_\_\_

Comments: \_\_\_\_\_