



Town of Ixonia

W1195 Marietta Ave., P.O. Box 109, Ixonia, WI 53036

Phone: (920) 261-1588 · Fax (920) 261-8988 · Email: townhall@townofixonia.com

Plan Commission Application

Please read and complete this application carefully. Application must be signed and dated.

OWNER: _____

AGENT: _____

(If Applicable)

Phone # _____

Phone # _____

Property Address: _____

Tax Key #: _____

I would like to appear before the Plan Commission on the following application:

_____ Conceptual Plan Review

_____ Site and Architectural Plan Review

_____ Preliminary Plat Review

_____ Final Plat Review

_____ Conditional Use Permit

_____ Certified Survey Map Review

_____ Zoning Amendment

_____ Master Plan Amendment

_____ Other: _____

Attach **signed** Agreement of Reimbursable Services and any plans or information relating to this application.

ALL APPLICATONS MUST BE SIGNED BY THE PROPERTY OWNER

_____	_____	_____	_____
Applicant	Date	Property Owner	Date

Description of plan: _____
