

GRAND CHUTE - SITE PLAN AMENDMENT APPLICATION

Community Development Department

1900 W. Grand Chute Blvd.
 Grand Chute, WI 54913
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 E-mail: comdev@grandchute.net
 Website: GrandChute.net



Office Use Only

File #: SPA ___ - ___ - ___
 Date: ___ / ___ / ___
 Paid: \$ _____
 By: _____
 Rect#: _____

SUBMITTAL REQUIREMENTS

Fee: \$300
Plan Copies: 4 (11 x 17 format, including all required plan sheets)
2 (Full size, including all required plan sheets) *N/A for sign aps*

PROJECT NAME & DESCRIPTION

PROPERTY INFORMATION

Parcel No. / Tax Key No.	Current Zoning
Site Address / Location	
Current Use	Proposed Use

APPLICANT

PROPERTY OWNER (IF NOT APPLICANT)

Name			Name		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Phone			Phone		
E-mail			E-mail		

BUILDER

ARCHITECT / ENGINEER

Name			Name		
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Phone			Phone		

Send bill for any fees associated with the Town Engineer review of Drainage Plans to:

Applicant Property Owner Builder Architect/Engineer

ACKNOWLEDGEMENT AND SIGNATURE

Signature
Date

Office Use Only