Town of Taycheedah - Fond du Lac County, Wisconsin APPLICATION for ZONING CHANGE

| Date of Application: | |
|---|--|
| Name of Owner(s): | |
| Address of Owner(s): | |
| | |
| Phone: Email:_ | |
| Name of Applicant(if different from Owner): _ | |
| Phone: Email:_ | |
| Address (if different from Owner address): _ | |
| Location of Property: ¹ / ₄ ¹ / ₄ , Sec | ction, Tax Parcel # |
| Acreage:Current Zoning: | Proposed Zoning: |
| Specify reason for zoning change: | |
| | |
| | |
| Specify the proposed use of the property: | |
| | |
| | |
| Has the applicant review the Town of Tayche consistent with the Plan? Yes No | eedah Comprehensive Plan and, if so, is the rezone |
| If yes, explain: | |
| | |
| Is a new parcel or parcels being created? Y | ′es No |
| If yes, how many new parcels (check one)? | 1 2 3 4 5 or more |
| If 4 or fewer, has a Certified Survey map bee | en prepared? Yes No |

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| If 5 or more, has a Preliminary Plat been prepared? Yes No | | | | |
|--|--|--|--|--|
| Anticipated timeframe for project: | | | | |
| Additional Comments: | | | | |
| | | | | |

Application Checklist

The Applicant shall submit fifteen (15) copies of the application packet. The Town of Taycheedah shall not accept any application for a conditional use permit until the application packet is submitted in its entirety and the application fee is paid in full.

The application packet shall include all of the following (please check):

| • | CSM or Preliminary Plat(if applicable) | |
|---|---|--|
| • | Site Plan (if applicable) | |
| • | One copy of the deed | |
| • | A scale map or survey map attached showing all of the following: | |
| | - Boundaries and dimensions of the property | |
| | - Existing and proposed easements | |
| | - Off-street | |
| | - Front, side, and rear setbacks | |
| | - All existing and proposed structures | |
| | - All existing and proposed streets | |
| | - Loading areas and driveways | |
| | - Existing road access restrictions | |
| | - Location of well and sanitary system and their distance to lot lines and | |
| | buildings | |
| | - All navigable waters, watercourses, wetlands, and drainage ditches | |
| | and the high-water elevation for each within 100 feet of land | |
| • | Names and addresses of each property owner and current use of each | |
| | Property within 300 feet of the site (attached on separate sheet of paper) | |
| • | Additional information as may be required by the Plan Commission, Town | |
| | Board, Fond du Lac County, and/or State of Wisconsin | |
| • | Statement, in written detail, of the evidence that the proposed conditional | |
| | use shall conform to the standards set forth in Section 13-1-66 of the | |
| | Town Zoning Code (attached on separate piece of paper) | |
| | | |

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WHEREFORE, the undersigned property owners hereby state that the preceding information and all attachments to this Petition are true and correct to the best of their knowledge.

READ AND INITIAL THE FOLLOWING:

_____ I understand that the Town is under no obligation to grant a rezone of the property in question and will do so only if the applicant successfully demonstrates that the proposed use is harmonious with the neighborhood and the long-range goals of the Town.

_____ I understand that the property and its use, upon granting of a rezone, conform in all respects with Title 13 of the Town Code.

Application Fee: (\$650.00)

Check Number:

Total Amount: _____

Professional Services:

All costs of professional services such as legal, engineering, and planning review; research; recording fees; and traffic control costs related to any action initiated by a responsible party, other than the Town, to be reviewed or acted upon by the Town of Taycheedah Plan Commission, Board of Appeals, or Town Board shall pass to the responsible party.

Dated this _____ day of ______, 20____.

Property Owner

Property Owner

NOTE: Applicant or representative must be present at the Town Board hearing during which the proposed rezone shall be considered.