

Calumet County

Zoning Map Amendment Application



206 Court Street
Chilton, WI 53014
Phone: (920) 849-1442
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www.calumetcounty.org

THIS AREA FOR OFFICE USE ONLY	
Application Number: _____	
Fee: _____	Receipt Number: _____
Date Received: _____	

OWNER INFORMATION	AGENT INFORMATION
Owner Name: _____	Agent Name: _____
Mailing Address: _____	Mailing Address: _____
City, State Zip Code: _____	City, State Zip Code: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Property Information							
Location ID(s) #:	1/4	1/4	S	T	N	R	E
Town of: _____	Parcel Size (acre): _____						
Physical Address: _____	Zoning District: _____						

Project Information	
<p>Reason for Change:</p> <p>New Home: Farm Consolidation: Other: _____</p>	<p>FOR AMENDMENTS IN THE EXCLUSIVE AGRICULTURAL DISTRICT Ratio: Brillion, Charlestown 1:20 / Woodville 1:40</p>
	Total farm area (acres): _____ acres
	Zoning to EA-P District : _____ acres
	Zoning to AR District : _____ acres

Applicant Accountability Agreement

I hereby authorize members of the Calumet County Planning, Zoning and Land Information Department or members of the Calumet County Planning, Zoning and Farmland Preservation Committee to enter the affected property, provided at a reasonable time and an attempt is made to inform the occupant, for purposes of obtaining information pertinent to my application request. I understand this petition will not be scheduled for a public hearing until the required non-refundable fee of \$500.00 has been paid (check payable to Calumet County). I, the undersigned, hereby apply for a Zoning Map Amendment and certify that all the information on the application and attached is true and correct to the best of my knowledge.

Owner or Agent Signature: _____	Date: _____
Owner or Agent Signature: _____	Date: _____
Owner or Agent Signature: _____	Date: _____
Owner or Agent Signature: _____	Date: _____

Staff Notes: This Area For Office Use Only