

Town of Calumet

Application for Conditional Use Permit

Meetings held the 3rd Thursday of the month

Applications due 20 days prior to meeting date

Application fee \$250

Date of Application: _____

The undersigned, being all the owner(s) of the real property covered by this application for a special use permit, hereby petitions the Town of Calumet Plan Commission:

1. Address of property, parcel number:

2. Full legal description of property (copy of deed required)

3. Name and Address of each individual involved with application

4. If not owner of property, list name and address, describe relationship or interest in property (if a lease, attach copy of said lease):

5. Present Zoning of property: _____

6. Conditional Use Request for property above:

7. Has a previous conditional use permit been made for this property? If Yes, when?

8. How would the conditional use benefit the Town of Calumet?

9. Present description of each structure presently on property:

10. Describe present use of property:

11. Describe any proposed change in use of structures if request is granted:

12. Name, address, and current use of each property with 200 feet of property:

13. A scale of survey map showing location, boundaries, dimensions, uses and size of:

- | | |
|------------------------------|------------------------------------|
| -Subject site | -existing/proposed streets |
| -existing/proposed structure | -existing/proposed easements |
| -Off-street | -existing road/access restrictions |
| -Loading areas/driveways | -front, side and rear setbacks |

14. State in detail any evidence that the proposed conditional use request shall conform to the Town of Calumet Zoning Code that apply to this request.

15. Has the Sanitary District approved plans? _____

16. Has Fond du Lac County reviewed the plans? _____

17. Has the Town of Calumet Building Inspector reviewed the request? _____

Whereas, the undersigned property owner(s) states that the preceding information and attachments to the request are true and correct to the best of their knowledge, please read and sign below.

____ I understand that the Town of Calumet is under no obligation to issue a Conditional Use Permit and will consider only if the applicant successfully demonstrates that the proposed use is harmonious with the neighborhood and the long-range goals of the Town.

____ I will notify the Town of Calumet if any part of the Conditional Use Application changes. I understand that failure to notify may result in revocation of the Conditional Use Permit, if granted.

____ I understand that a Conditional Use Permit is valid only when the conditions and or restrictions of the permit are being met. Failure to comply with the condition and or restrictions may result in revocation of permit.

_____, Property Owner Date: _____

_____, Property Owner Date: _____

_____, Property Owner Date: _____

_____, Property Owner Date: _____

Applicant(s) or their representative must be present at the Plan Commission Hearing

Date Received: _____

By: _____

