

Town of Calumet
Request for Zoning Change
Meetings held the 3rd Thursday of the month
Applications due 20 days before meeting date
Application Fee \$400.00

Property Owner(s) & Address(es): _____

Telephone and email address: _____

Address of property to be rezoned: _____

Tax Parcel#: _____

Current Zoning: _____

Requested Zoning: _____

Use of land if change is granted, described in detail:

The following documents must be submitted with the Request, failure to submit with the request will hold up the review process:

1. Six (6) copies of the application and map of property for which zoning is requested.
2. Names and addresses of all owners abutting land and directly across from the property for which the zoning request is being submitted.

Signature of Property Owner(s): _____ **Date:** _____

_____ **Date:** _____

Date received: _____ **Received by:** _____

Amount Received: \$ _____ **Forwarded to Building Inspector Date:** _____

