

Town of Calumet

Application for Conditional Use Permit

Meetings held the 3rd Thursday of the month

Applications due 60 days prior to meeting date

Application fee \$400

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. Describe Present Use of property: _____

7. Describe proposed future use: _____

8. Is the property within 1000' of shoreland or waterway? YES or NO

9. If yes have you contacted Fond du Lac County Shoreland Zoning Department? Yes or No

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

11. How would the conditional use benefit the Town of Calumet and its residents?

12. Present description of each structure presently on property:

13. Describe any proposed change in location for use of structures if request is granted:

14. Provide name, address, and current use of **each** property within 200 feet of property:

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

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

16. State in detail any evidence that the proposed conditional use request shall conform to the

a. Town of Calumet Zoning Code that apply to this request.

17. Has the Sanitary District approved plans? Yes or no? _____

18. Has Fond du Lac County reviewed the plans? Yes or no? _____

19. Attach of list of names and addresses of all owners of land abutting or directly across from the property for which variance if being requested so that those owners may be notified of application being made.

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: _____

Main Contact telephone number: _____

Email address: _____

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

Date Received: _____

By: _____

Amount: _____

Forwarded to Building Inspector Date: _____

