

**Town of Calumet**  
**Request for Zoning Change**

Meetings held the 3<sup>rd</sup> Thursday of the month  
Applications due 60 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:**

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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:** \_\_\_\_\_

