

Date of Application: _____

File number _____

(Official Use Only)

Town of Calumet

Conditional Use Permit - Application

Hearings held the 3rd Thursday of the month
Applications including all required documents and fees must be
received and verified complete 30 days prior to the hearing.
Application fee \$400

We the undersigned, being all the owner(s) of the real property as described in this application for a
Conditional Use Permit, hereby petition the Town of Calumet Plan Commission / Town of Calumet Town Board:

1. Description of conditional use requested: _____

2. Address of property: _____

(If no address has been assigned, then identify closest neighboring address)

3. Parcel Number _____

4. Provide legal description of property (attach a copy of most current tax bill for said property).

5. Applicants Name: _____

6. Name and address of Owner(s): _____

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

8. Existing zoning and land use designation: _____

(please reference zoning ordinance Section 3.7)

9. Describe proposed future use of property: _____

10. Is the property within 1000 feet of any lake, pond, or flowage? Yes No

11. Is the property within 300 feet of any river, stream, or floodplain? Yes No
12. If yes, for #10 or #11 above, have you contacted Fond du Lac County Shoreland Zoning Department? Yes No
13. Has a previous conditional use permit ever been approved for this property? Yes No If Yes, date and description of granted permit _____

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

15. Provide a description of each structure presently on property, and its current use:

16. Attach a list of Owner's name(s) and mailing address for each property within three-hundred (300) feet in any direction of the property for which conditional use permit is being requested. Please include current use for each property on attached list.
17. Provide a scalable 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 | |
18. If the requested Conditional Use Permit is for a new development, please attach all information required, by Zoning Ordinance subsections 3.9.2 and 3.9.4, with this application.
19. Attach written justification for the Conditional Use being requested and supporting documentation describing how the applicant believes that the request conforms to the Standards for Granting Conditional Uses listed in Town of Calumet Zoning Ordinance subsections 3.9.5 and 3.9.6.
20. Has the Sanitary District reviewed or approved any plans? Yes No NA

Please read, initial each statement, and sign below:

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

_____ 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 Permit 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.

Print Name _____ Signed _____
Date of signature _____

Print Name _____ Signed _____
Date of signature _____

Print Name _____ Signed _____
Date of signature _____

Print Name _____ Signed _____
Date of signature _____

Primary contact telephone number: _____

Primary contact email address: _____

Please note:

- Application fee must be submitted with application and is non-refundable.
- Plan Commission review of incomplete applications will not be scheduled.
- Owner/Applicant must be present, without exception, when this application is to be considered, at a scheduled and posted Town of Calumet Plan Commission Hearing.

THIS PAGE FOR OFFICIAL USE ONLY

FILE NUMBER _____

Application fee received \$ _____

Date Received: _____

Received by: _____

Forwarded to Building Inspector - Date: _____

Conditionusepermit(rev5/2021)

Conditional use permit application (revised 10/5/2022) (revised 9/5/2024)