

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

Hearings held the 3<sup>rd</sup> 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 \$400.00

**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 the zoning change is requested.
2. Names and addresses of all owners of land within 300 feet of the property for which the zoning request is being submitted.

**Signature of Property Owner(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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**OFFICIAL USE ONLY**

**Date received:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

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