

Town of Little Suamico Rezone (Zoning Map Amendment) Application

Applicant Information

Property Owner Information (If different from applicant)

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Email Address: _____

Email Address: _____

In signing this application, the applicant(s) certifies that he/she has no outstanding personal property or real estate taxes, or any other unpaid obligations due to the Town of Little Suamico as of this date and that all information contained within is true and correct to his/her knowledge.

Signature: _____

Signature: _____

Property Information

Legal Description: _____ in part of the _____ 1/4 of the
(Lot number, Subdivision name, CSM, etc.)

_____ 1/4 (or G.L. _____), of Section _____, T _____ N, R _____ E

Parcel Number(s): _____

Size of Parent (Existing) Parcel: _____ (acres or square feet)

Size of Parcel to be rezoned: _____ (acres or square feet)

Existing Zoning District

A (Agriculture)

RR (Rural Residential)

CS (Community Service)

F (Forestry)

R-1 (SF)

RC (Restricted Comm.)

PR (Park/Rec)

R-2 (MF/Condo)

GC (General Commercial)

LA (Large Scale AG)

R-3 (Mobile Home Park)

LI (Light Industrial)

C (Conservancy)

I (Industrial)

Requested Zoning District

- | | | |
|--|---|--|
| <input type="checkbox"/> A (Agriculture) | <input type="checkbox"/> RR (Rural Residential) | <input type="checkbox"/> CS (Community Service) |
| <input type="checkbox"/> F (Forestry) | <input type="checkbox"/> R-1 (SF) | <input type="checkbox"/> RC (Restricted Comm.) |
| <input type="checkbox"/> PR (Park/Rec) | <input type="checkbox"/> R-2 (MF/Condo) | <input type="checkbox"/> GC (General Commercial) |
| <input type="checkbox"/> LA (Large Scale AG) | <input type="checkbox"/> R-3 (Mobile Home Park) | <input type="checkbox"/> LI (Light Industrial) |
| <input type="checkbox"/> C (Conservancy) | | <input type="checkbox"/> I (Industrial) |

Requested Use of the Property

Briefly explain the requested use of the property: _____

Attachments

Please attach 10 copies of a CSM (Certified Survey Map) of the proposed rezoning showing existing improvements, proposed construction, and any other relevant site features. The town also needs evidence provided that the taxes due on the property are paid.

- 10 copies of the CSM
- One copy of the tax receipt or other evidence of taxes paid

If the rezone involves the creation of a new lot, a certified soil test to show suitability for a private onsite wastewater treatment (septic) system is required. It must show suitability for a system other than a holding tank.

- Two copies of the certified soil test

Notices

Note that public comments will be requested by the Plan Commission regarding this rezone request. Surrounding property owners will be notified. Completion of this application form shall authorize the Town Board, Plan Commission, town agents, and representatives to access the subject property for the purpose of reviewing the proposed rezone.

Town Use Only

- Application fee(s) paid (See Town Fee Schedule)
- Attachments provided (including 10 copies of the CSM)
- Application complete (all required materials and payment provided prior to the 15th of the month)
- Request placed on agenda only after application is complete