

Town of Carlton - Kewaunee County, Wisconsin

APPLICATION for
ZONING CHANGE

Date: _____

Property Owner Name: _____

Address: _____

Phone: _____ Email: _____

Applicant Name (if different from Owner): _____

Phone: _____ Email: _____

Property Address (if different from Owner address):

Location of Property: _____ ¼ _____ ¼, Section _____, Tax Parcel # _____

Acreage: _____ Current Zoning: _____

Proposed Zoning (check one): A-1 _____ A-2 _____ C-1 _____ PUD _____

Reason for Zoning Change: _____

Specify the proposed use: _____

Is a new parcel being created? Yes _____ No _____

If yes, how many new parcels (check one)? 1 _____ 2 _____ 3 _____ 4 _____ 5 or more _____

If yes, has a Certified Survey Map of Plat been prepared? Yes _____ No _____

Has a Perk Test been completed for this parcel(s)? Yes _____ No _____

If yes, for what type of system? _____

(Please submit copy of perk test results with this application)