

TOWN OF WALWORTH

Walworth County, Wisconsin

APPLICATION FOR REZONING PETITION

Tax Key #: _____

~~County~~ Zoning Staff Signature _____

Meeting Date _____

Applicant Name: _____

Address: _____

Phone No: _____ Email: _____

Property Address (If different): _____

Landowner (If different than applicant): _____

Address: _____

Phone: _____ Email: _____

Engineer/Consultant: _____

Address: _____

Phone: _____ Email: _____

Current Zoning: _____ Requested Zoning _____ Total Acres _____ Rezone Acres: _____

Existing Buildings on Property: _____ Yes _____ No If Yes, please describe:

Does this rezone also involve a proposed or pending land division? _____ Yes _____ No

Describe Specifically the reasons justifying this rezone petition and specify the proposed use.

Owner/Applicant Signature(s)

Date

Town Initials

TOWN OF WALWORTH

Walworth County, Wisconsin

APPLICATION FOR CONDITIONAL USE PERMIT

Tax Key #: _____

County Zoning Staff Signature

Meeting Date

Applicant Name: _____

Address: _____

Phone No: _____ Email: _____

Property Address (If different): _____

Business Name: _____

Conditional Use Permit Site Address: _____

Landowner of Record: _____

Address: _____

Phone: _____ Email: _____

Architect: _____

Address: _____

Phone No. _____ Email: _____

Engineer/Contractor: _____

Address: _____

Phone: _____ Email: _____

Lot Size: _____ acres Current Zoning: _____

Does current zoning permit the intended use? _____ Yes _____ No

Will there be a Change in exterior lighting? _____ Yes _____ No (If Yes, please explain: _____)

Will there be Outdoor signage? _____ Yes _____ No (If Yes, please explain: _____)

Days and Hours of Business Operation: _____

Number of Employees: _____

The use will be in _____ existing building(s) _____ new building(s)

Describe Specifically the nature of the proposed business and the proposed use of the existing or new building(s):

Owner/Applicant Signature(s)

Date

Town Initials