



Conservation and Zoning Department
700 Main Street
Darlington, WI 53530
Phone: (608) 776-3836

PETITION FOR ZONING MAP AMENDMENT

**FILING FEE: \$500.00 - Payable to
"Lafayette County Planning & Zoning"**

FILING DEADLINE: A complete application and payment must be received by _____ to get on the agenda for the next hearing. Incomplete petitions may be denied.

FOR COUNTY USE ONLY

County ID: ZMA - _____ - _____

Filing Date: _____

Fee Paid: \$ _____ Cash/Check#: _____

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

LANDOWNER NAME (if different): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

PREFERRED CONTACT METHOD: _____

PHONE: _____

EMAIL: _____

PREFERRED CONTACT METHOD: _____

PROPERTY INFORMATION

TOWN OF: _____

SECTION: _____ TOWN: _____ RANGE: _____

CURRENT PARCEL NUMBER: _____

IS THIS A PARCEL SPLIT OR SELL OFF? YES _____

_____ 1/4 _____ 1/4 Government Lot _____

NO _____

ZONING INFORMATION

*CURRENT ZONING: _____

*REQUESTED ZONING: _____

TOTAL ACREAGE: _____ acres

**REQUESTED REZONE ACREAGE: _____ acres

DOES THIS PARCEL PARTICIPATE IN FARMLAND PRESERVATION? YES _____ NO _____

IS THIS PARCEL IN THE FLOODPLAIN? YES _____ NO _____

IS THIS PARCEL IN SHORELAND ZONING? YES _____ NO _____

DOES THIS PARCEL CONTAIN A WETLAND? YES _____ NO _____

ZONING DISTRICTS:

A-1 = Agriculture Working Lands Initiative (min. 10a)

A-2 = Agriculture (minimum 5a)

R-R = Rural Residential (minimum 1a)

R-1 = Single-Family Residential (min. 20,000 ft²)

R-2 = Multi-Family Residential (minimum 20,000 ft²)

R-3 = Mobile Home & Multi-Unit Resid. (min. 15,000 ft²)

CFR = Conservancy-Forestry-Recreation (minimum 4a)

C-1 = Commercial (minimum 1a)

B-1 = Rural Business (1a)

M-1 = Light Industrial (1a)

M-2 = Heavy Industrial(2a)

****All partial Re-zone requests resulting in a parcel less than 15 acres must be accompanied by a Certified Survey Map that has been recorded in the Lafayette County Register of Deeds.**



LEGAL DESCRIPTION

INCLUDE A COMPLETE LEGAL DESCRIPTION FOR THIS REZONE REQUEST. ATTACH ADDITIONAL PAGES IF NECESSARY: _____

REASON FOR REQUEST

BRIEFLY EXPLAIN THE REASON FOR YOUR REQUEST AND PROPOSED PLANS: _____

LIST OF ADJACENT LAND OWNERS AND THEIR ADDRESSES

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

TOWN BOARD APPROVAL

THIS REZONE REQUEST MUST BE TAKEN TO THE TOWN BOARD FOR A RECOMMENDATION PRIOR TO THE PLANNING AND ZONING HEARING. PLEASE HAVE THE TOWN CHAIRMAN COMPLETE THE FOLLOWING, [-AND-] THE TOWNSHIP CAN PROVIDE THE PLANNING & ZONING OFFICE WITH A COPY OF THEIR MEETING MINUTES SHOWING APPROVAL BY THE TOWN BOARD.

The Town of _____ Board does hereby recommend the above rezone request.

Signature of Chairman: _____ Date: _____

SIGNATURE OF PETITIONER

I, the undersigned, certify that this application is complete and accurate to the best of my ability. I do hereby petition the County Board to amend the Lafayette County Zoning Ordinance based on the above request.

Respectfully Submitted,

Signature of Applicant: _____ Date: _____

Signature of Landowner : _____ Date: _____
(if different)



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SKETCH MAP

PROVIDE A SCALED MAP OR SKETCH SHOWING:

- | | |
|--|---|
| (1) Shape of the lot | (4) Ordinary high water marks of abutting water |
| (2) Existing buildings and their distance from side lots | (5) Location of driveway access |
| (3) Centerline of abutting highway / road | (6) Existing or proposed easements |

[In lieu of this sketch, you may use a map from the Laf Co GIS website: www.lafayettecountywi.org / 'Land Info' tab / 'Lafayette County Parcel Viewer']

*** Please mark the location of the well and septic system in your drawing or on your map**

State minimum = 110 feet

Setbacks from Highway Center Line:

County minimum = 75 feet

Township minimum = 63 feet

****In addition to this sketch, any partial rezone request must be accompanied by a copy of a Certified Survey Map that has been recorded in the Lafayette County Register of Deeds.***