



VILLAGE OF BARNEVELD

403 E. County Hwy ID, Barneveld, WI 53507

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LAND USE CHANGE, CONDITIONAL USE OR REZONING APPLICATION

\$100 Filing Fee

APPLICANT INFORMATION

Applicant Name(s): _____

Address: _____

Phone Number: _____ Email: _____

Best way to reach me is: Phone Email

PROPERTY INFORMATION

Property Address: _____

Lot or Block Number: _____

Subdivision: _____

Tax Parcel Number: _____

Total Acreage: _____

Current Use of Property:

Proposed Use of Property:

Reason for Requesting Land Use Change/Rezoning:

Current Conditional Use Permit in Place: Yes No

Current Zoning: Residential Commercial Agricultural Industrial

Requested Zoning District: Residential Commercial Agricultural Industrial

Residential: Number of Dwelling Units _____ Number of Parking Stalls _____

Non-Residential: Number of Employees _____ Number of Parking Stalls _____ Handicapped _____
Hours of Operation _____

OTHER INFORMATION

Architect Name: _____

Address: _____

Engineer Name: _____

Address: _____

Contractor Name: _____

Address: _____

Provide names and addresses of ALL opposite and abutting property owners:

STATEMENT OF UNDERSTANDING

By signing below, I certify that the information contained in this application is true and accurate to the best of my knowledge and understand that a deliberate misrepresentation of information may be grounds for denial or reversal of this application, and/or revocation of any approval already awarded based on this application. I also authorize the Village of Barneveld staff permission to view and enter the subject property for the purpose of reviewing and investigating this request. I understand that the submittal of this application and payment of the proper fees does not mean that issuance of a Conditional Use Permit is imminent and guaranteed. I understand that issuance of a Conditional Use Permit does not qualify as, nor replace the necessity for proper permitting for the proposed project.

The applicant or representative must be present at the Public Hearing.

Applicant Signature

Date

OFFICE USE ONLY

Cash Check _____ Card

Date Received: _____ Received By: _____

Materials Sent To:

Zoning Administrator/Building Inspector

Lawyer (as needed)

Public Works

Engineer (as needed)

Class 2 Publication Date(s) : _____

Public Hearing & Planning Commission Meeting Date: _____

Request: Approved Denied Approved with these conditions: _____

Village Board Meeting Date: _____

Request: Approved Denied Approved with these conditions: _____