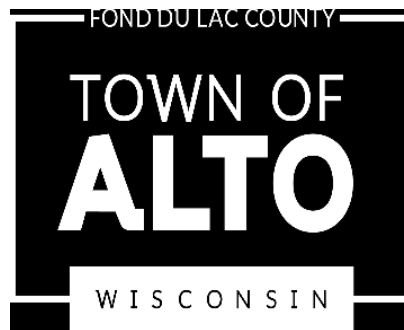


Town of Alto

Re-Zoning Request Procedure

- Request Re-Zoning application from Chairperson, Zoning Committee Chair or Town Clerk.
- Return Completed Zoning Application, proposed map and description outlining the area to be rezoned to the Chairperson of the Zoning Committee, along with the \$275.00 fee.
- Zoning Requests require publication for two consecutive weeks.
- Town Chairperson, Zoning Chairperson or Town Clerk will notify neighbors with property bordering the requested zoning area.
- These completed forms must be received a minimum of 3 weeks prior to the scheduled meeting date. In the event it is not received in this time frame, the re-zoning meeting will be moved to the following month.
- The Town Board will act on the Zoning Recommendation, at the next Town Board meeting. The Town Board meets on the second Monday of every month.



Town of Alto Community Center
W12785 C.T.H. "AS" Waupun, WI 53963
Phone / Fax (920) 948-8268 (Tonya Bruins, Town Clerk)

www.townofalto.com

TOWN OF ALTO REZONING APPLICATION

Rezoning Fee.....\$ 275.00

Property Owners' Name: _____

Property Owner's Address: _____

Phone Number: _____ Cell Number: _____

Applicant's Name (if different than owner) _____

Applicant's Address: _____

Phone Number: _____ Cell Number: _____

Email Address _____

Address or Location of Rezoning Request _____

Parcel(s) Numbers: _____

Property Zoning is now _____

Requested Zoning Category _____

Property shown on the Town of Alto Land Use Plan is now _____

Requested Land Use Category _____

Intended use of property if Rezoning is granted: (please describe in detail)

Total acreage of Rezoning _____

The following documents must be submitted with this Rezoning request or the request will not be considered:

1. A check in the amount specified above is payable to the Town of Alto for the costs incurred to convene a Plan Commission meeting for a Rezoning hearing. *(The Town reserves the right to request reimbursement for additional costs, over the amount of the initial hearing fee.)*

***Important** No public rezoning hearing will be scheduled unless all of the fees are submitted with this application

2. Legal description and map of all property for which the rezoning change is requested.
3. Names and addresses of owners of property included in the zoning change request, if the request includes property in addition to that owned by the person submitting this request.

4. Copies of any preliminary or proposed land subdivision or development plans that have been prepared for the property.
5. Names and addresses of adjacent property owners to the property proposed to be rezoned.

Property Owner agrees that if a zoning change is granted, the Zoning will be subject to the Standard Conditions attached to this request and to any Special Conditions identified in the zoning change.

Signature of the Property Owner or Applicant: _____

Print Name: _____

Date: _____

TOWN OF ALTO REQUEST FOR ZONING CHANGE STANDARD CONDITIONS

1. The Town's approval of a zoning change or land use amendment does not confer the to proceed with any specific activity unless other appropriate permits have been obtained and the actual work conducted by the Property Owner / Applicant complies with all applicable local, state and federal ordinances, regulations and statutes. All rights are reserved.
2. The grant of a request for a zoning change:
 - A. Shall not be considered in any manner to affect the title to the premises where the work or activity is to be performed.
 - B. Does not release the property owner from any liability for damage to person or property caused by or resulting from any activity undertaken on the property.
 - C. Does not release property owner from compliance with all other applicable local, state or federal ordinances, regulations, or statutes.
3. The Town's approval of a zoning change is not evidence that any or all other permits required under the Town of Alto, Fond du Lac County, or State or Federal ordinances, regulations or statutes have been issued.

Office use only:

Has the Petitioner had consultation with the Town Planner? _____

Date Zoning Application was filed: _____

Person certifying date and time of submittal: _____

Application Number: _____