

# **GRANT COUNTY**

## **CONSERVATION, SANITATION AND ZONING DEPT**

**150 West Alona Lane, Suite #1,  
Lancaster, WI 53813**

**[sanitation@co.grant.wi.gov](mailto:sanitation@co.grant.wi.gov)  
608-723-6080**

### **ZONING DISTRICT CHANGE APPLICATION PROCEDURES**

**FEE: \$400.00 for a Zoning District Change and/or Comprehensive Plan Map Amendment**

#### **Steps:**

- 1) Complete the rezone application and submit the fee to the Conservation, Sanitation and Zoning Department (CSZD). All property owner(s) of record must sign the application.
- 2) If only a portion of a larger existing parcel or part of a base farm tract is being rezoned provide a land survey map from a licensed surveyor.
- 3) Contact the Town the property is located in and request a zoning district change hearing.
- 4) Present the Township participation form & your request at the Town zoning district change hearing.
- 5) Return completed Township participation form to CSZD prior to Conservation, Sanitation and Zoning Committee (CSZC) public hearing. **If not received and accepted by the CSZD in time for the public hearing and the request is postponed as a result, the applicant shall be required to pay another application fee.**
- 6) The public hearing is held during the CSZC meeting. The CSZC gives their recommendation to the full County Board.
- 7) Final approval/denial is received at the following County Board meeting.

#### **Application:**

- Only original documents are accepted.
- If an agent is to sign the application, written proof of agent authority is required.
- If the property is in a Trust, the Trustee must sign the application and provide proof of authority with the names and addresses of all those with a beneficial interest in the Trust.
- The legal description under "Property Location" can be obtained from: (1) Property tax bill, (2) Plat of Survey, (3) Title policy, (4) From a Licensed Surveyor if a land division is proposed when rezoning a portion of a parcel.
- An attached plot plan drawn to scale or with dimensions is required showing the locations, boundaries, uses and sizes of all existing and proposed structures, property lines, road right-of-way lines, easements, driveways, and all other pertinent features.

#### **CSZ Committee Hearing Public Notice:**

- Zoning District Change: Requires a class II posting (request is posted twice, for two consecutive weeks)
- Comprehensive Plan Map Amendment: Requires a class I posting (request is posted once, for (30) days)

#### **CSZ Committee Hearing:**

- Rationale for zoning relief must be given by the petitioner and with information provided that the proposed rezone and/or associated structures are in accordance of the relevant ordinance(s) and are not adverse to the environment and community.
- The petitioner, petitioner's attorney or agent may attend the public hearing and present testimony. This presentation can involve additional materials that are relevant to the zoning district change request. The presentation should be kept as short as possible.
- The order of presentation will be: (1) Request is read into the record, (2) CSZ staff findings, (3) Petitioners presentation, (4) Persons appearing in support, (5) Persons appearing in opposition, (6) Rebuttal, (7) Decision
- All materials presented as evidence and exhibits by the petitioner may be retained by the CSZC. All questions arising from the public shall be directed to the CSZC Chairperson.
- CSZC makes recommendation to the County Board.
- Public comments must be submitted 5 business days prior to the public hearing.

#### **Board Decision:**

- Final decision is made by the Grant County Board.
- The petitioner may attend the County Board meeting at which the decision will be made.
- A letter will be sent to the petitioner with the decision of the County Board.

**GRANT COUNTY ZONING DISTRICT CHANGE/COMPERHENSIVE PLAN MAP  
AMENDMENT APPLICATION**

[sanitation@co.grant.wi.gov](mailto:sanitation@co.grant.wi.gov)

**Phone: 608-723-6080**

**Office use:**

Tax Parcel # \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

County Zoning District: \_\_\_\_\_ SPO Zoning District: \_\_\_\_\_ FIRM/Flood Study: \_\_\_\_\_

Petition # \_\_\_\_\_ CSZC Meeting Date: \_\_\_\_\_ Township Participation Form Date: \_\_\_\_\_

**Applicant:**

Owner(s) Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone# (Day &/or Night) \_\_\_\_\_

County Supervisor Name \_\_\_\_\_

County Supervisor Address \_\_\_\_\_

**Property Location:**

\_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Sec. \_\_\_\_\_ T \_\_\_\_\_ N R \_\_\_\_\_ W

Lot \_\_\_\_\_ Block Addition \_\_\_\_\_

Subdivision/CSM# \_\_\_\_\_

Town of \_\_\_\_\_

Town Clerk Name \_\_\_\_\_

Town Clerk Address \_\_\_\_\_

**Property Information:**

**Total area of the base farm tract** (total acreage of the contiguous property) is: \_\_\_\_\_ acres

**Total area of the proposed parcel(s)** is: \_\_\_\_\_ acres/sq. ft.

**Current use is:** \_\_\_\_\_ **Proposed use is:** \_\_\_\_\_

**Current Zoning:**

\_\_\_\_\_ District of the Grant County Comprehensive Zoning Ordinance.

**Rezoning Request:**

☐ To change the current zoning district or ☐ Amend the Comprehensive Plan & change the current zoning district on the: ☐ Entire parcel or ☐ On a portion of the parcel to \_\_\_\_\_ district of the Grant County Comprehensive Zoning Ordinance

I/We the undersigned are applying for a Zoning District Change for the above described property and I/We hereby state that the information on this application, the attached plot plan and materials presented as evidence or exhibits pursuant to this request are accurate. I/We the undersigned property owner(s) hereby grant permission to Grant Co. CSZ Dept. staff to enter upon the above described property at their discretion during normal working hours to acquire information pursuant to this request. I/We the undersigned property owner(s) hereby grant permission for the Grant County CSZ Committee hearing to be held on the above described property at the discretion of the Committee Chairperson.

**Property Owner(s) Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# GRANT COUNTY CONSERVATION, SANITATION AND ZONING DEPARTMENT

## REQUEST FOR TOWNSHIP PARTICIPATION

### LAWS REGARDING COMPREHENSIVE PLANS:

Wisconsin Statute 66.1001(3) ACTIONS. Procedures that must be consistent with comprehensive plans. Beginning on January 1, 2010, land-use decisions made by local governmental units shall be consistent with that local governmental unit's Comprehensive Plan.

**APPLICANT:** *To get this form completed by the Town, have your request placed on the Town Board Meeting Agenda. To ensure that the CSZ Committee or the Board of Adjustments will hear your request, be sure to return this completed form with your application.*

### Section - 1

### APPLICANT COMPLETES SECTION - 1

To the request for (Owner(s) Name) \_\_\_\_\_

Property Address \_\_\_\_\_ Tax Parcel# \_\_\_\_\_ Acres: \_\_\_\_\_

Description of Request: ☐ Zoning District Change or ☐ Zoning District Change and Comprehensive Plan Map Amendment

Narrative of Request: \_\_\_\_\_

### Section - 2

### TOWN BOARD: PLEASE COMPLETE SECTION - 2

----- Questions 1 through 2.b. must be answered to validate this document -----

**CIRCLE ONE**

**1 - Does the town, have any regulations in addition to Grant County Zoning ordinance (ie: town ordinance) that would apply to the request?** ----- **Yes** **No**

If yes – please explain: \_\_\_\_\_

**2 - Does the Town feel the request is consistent with their Comprehensive Plan objectives and policies?**----- **Yes** **No** **N/A**

**2.a. If yes, is the Town in favor of the rezone request?**----- **Yes** **No** **N/A**

**2.b. If no, does the Town wish to amend the Comprehensive Plan to allow the rezone request?** ----- **Yes** **No** **N/A**

THE TOWN OF \_\_\_\_\_ TOWN BOARD ON THIS DATE \_\_\_\_\_

☐ DOES NOT OBJECT TO THE REQUEST

☐ OBJECTS TO THE REQUEST

Board Vote: Number In-Favor \_\_\_\_\_ Number Opposed \_\_\_\_\_ Number Abstained \_\_\_\_\_

Reason(s) for the town board decision: \_\_\_\_\_

CHAIRMAN

CLERK

SUPERVISOR

SUPERVISOR

UPON COMPLETION RETURN ORIGINAL TO APPLICANT