

TOWN OF CHASE PLAN COMMISSION

REZONE PERMIT APPLICATION PACKET

(Town of Chase complies with Oconto County Planning & Zoning Ordinances)

Rezone Packet Includes:

- Checklist
- Town of Chase Plan Commission Application Form
- Town Recommendation Form for Rezone (2 Pages)

PRIOR TO SUBMITTING YOUR REZONE PERMIT APPLICATION:

Consult Oconto County Planning & Zoning Staff regarding your proposal. (920-834-6827)

- Contact Plan Commission Chairman (920-822-1560) to be put on the agenda.
 - Complete Town of Chase Plan Commission Application form and Town Recommendation form.
 - Submit 8 packets to the Town Clerk consisting of application form, town recommendation form, detailed location and zoning map showing the proposed area of the property to be rezoned. (Must be a survey map or include all dimensions.)
 - Attend Town of Chase Plan Commission Meeting
 - Attend Town of Chase Board Meeting
-

All application must be received by the Town of Chase Clerk's Office before the last Monday of the month in order to be processed for the following month's Plan Commission Meeting. Please note that incomplete applications will not be processed.



Town of Chase Plan Commission

8481 County Road S

Pulaski, WI 54162

920.822.1560



Town of Chase Plan Commission Application Form

For: REZONE / CONDITIONAL USE PERMIT / CERTIFIED SURVEY / PLAT REVIEW
(Circle the application type needed)

FILL IN THE FOLLOWING INFORMATION:

PROPERTY OWNER NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ **OR** _____

APPLICANT NAME (If different from owner): _____

ADDRESS: _____

PHONE NUMBER: _____ **OR** _____

EXISTING ZONING: _____

PROPOSED USE: _____

EXISTING USE: _____

ACREAGE OF PROPOSAL: _____

LOCATION OF PROPERTY: _____

TAX PARCEL NUMBER(S): _____

MAIL CHECK & SIGNED APPLICATION TO: TOWN OF CHASE PLAN COMMISSION
8481 COUNTY ROAD S, PULASKI, WI 54162

FEES	REZONE	CONDITIONAL USE	CERTIFIED SURVEY	PLAT REVIEW
	\$150.00	\$150.00	\$150.00	\$500.00

Office Use Only

Date Received: _____ Date Fees Paid: _____ Added to Schedule: [] Yes [] No
Plan Commission Meeting Date: _____ (1st Wednesday after the 1st Monday of every month at 7:30 pm)

TOWN RECOMMENDATION FORM

For Oconto County Rezone Application

OWNER INFORMATION

Property Owner:

Last Name _____ First Name _____ Phone # _____

Address _____ City _____ State & Zip _____

Email Address: _____

Additional Property Owner: (if Applicable)

Last Name _____ First Name _____ Phone # _____

Address _____ City _____ State & Zip _____

Email Address: _____

Agent: (The property owner may appoint an agent to speak on their behalf. If appointing an agent please provide agent information.)

Last Name _____ First Name _____ Phone # _____

Address _____ City _____ State & Zip _____

Email Address: _____

PROPERTY INFORMATION

Parcel #(s): _____; _____; _____

Location (Gov. Lot _____ or _____ ¼, _____ ¼), Section _____, T _____ N, R _____ E, Town of _____

Subdivision (CSM - Vol. & Page/Doc # _____, Lot # _____) or (Plat Name _____, Block _____, Lot # _____)

Physical Address _____ Size of Parcel to be Rezoned _____

REZONE INFORMATION

Reason for Rezone Application? (Please provide a brief but detailed explanation of the rezone request.)

Current Zoning District (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Residential Single Family (R-1) | <input type="checkbox"/> Large Scale Agricultural (LA) |
| <input type="checkbox"/> Residential Multiple Family (R-2) | <input type="checkbox"/> Restricted Commercial (RC) |
| <input type="checkbox"/> Mobile Home Park (R-3) | <input type="checkbox"/> General Commercial (GC) |
| <input type="checkbox"/> Community Service (CS) | <input type="checkbox"/> Neighborhood Commercial (NC) |
| <input type="checkbox"/> Park and Recreation (PR) | <input type="checkbox"/> Light Industrial (LI) |
| <input type="checkbox"/> Forest (F) | <input type="checkbox"/> Industrial (I) |
| <input type="checkbox"/> Rural Residential (RR) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Agricultural (A) | |

Proposed Zoning District (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Residential Single Family (R-1) | <input type="checkbox"/> Large Scale Agricultural (LA) |
| <input type="checkbox"/> Residential Multiple Family (R-2) | <input type="checkbox"/> Restricted Commercial (RC)* |
| <input type="checkbox"/> Mobile Home Park (R-3) | <input type="checkbox"/> General Commercial (GC)* |
| <input type="checkbox"/> Community Service (CS) | <input type="checkbox"/> Neighborhood Commercial (NC)* |
| <input type="checkbox"/> Park and Recreation (PR) | <input type="checkbox"/> Light Industrial (LI) |
| <input type="checkbox"/> Forest (F) | <input type="checkbox"/> Industrial (I) |
| <input type="checkbox"/> Rural Residential (RR) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Agricultural (A) | |

* The Planning and Zoning Committee, at its discretion may substitute a General Commercial (GC) district rezone petition with the Restricted Commercial (RC) district or Neighborhood Commercial (NC) district based on consistency with the Oconto County Comprehensive Plan and information received during the public hearing.

- THE FOLLOWING QUESTIONS SHALL BE ANSWERED BY THE PROPERTY OWNER/AGENT -

What will the proposed use(s) of the parcel if the rezone is approved?

What is the need for the proposed use(s)?

Is there potential for the proposed use(s) to create conflict with existing uses in the area?

- THE FOLLOWING QUESTIONS SHALL BE ANSWERED BY THE TOWN -

Are there adequate public facilities to serve the proposed land use? ☐ Yes ☐ No

Explain:

Are the burdens on the local government for providing services for this proposal reasonable? ☐ Yes ☐ No

Explain:

Does the proposal agree with the Town Vision Statement as found in the Town Comprehensive Plan? ☐ Yes ☐ No

Explain:

Does the proposal agree with the Town Goals, Objectives & Development Strategies as found in the Town Comprehensive Plan? ☐ Yes ☐ No

(Please give detailed information including page numbers from the comprehensive plan supporting the recommendation)

Explain:

(Please attach any additional comments, minutes, or information further supporting the recommendation.)

Town Plan Commission

☐ Recommends Approval

☐ Recommends Denial

Date: _____

Plan Commission Chairperson

Town Board

☐ Recommends Approval

☐ Recommends Denial

Date: _____

Town Clerk