

TOWN OF FULTON
 2738 W. FULTON CENTER DR.
 EDGERTON, WI 53534

TELEPHONE: (608) 868-4103
 FAX: (608) 868-4104
 EMAIL: FULTONCLERK@TOWNOFFULTON.COM
 WEB: WWW.TOWNOFFULTON.COM

TOWN OF FULTON

ROCK COUNTY

TOWN USE ONLY
Application Number: _____
Received By – Date (MM/DD/YYYY): _____

ZONING/LAND USE CHANGE – APPLICATION FORM

****PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNTIL YOU HAVE READ THE TOWN OF FULTON ZONING/LAND USE CHANGE – APPLICATION FORM INFORMATION. PLEASE COMPLETE BOTH PAGES OF THIS FORM AND INCLUDE A MAP, CONTAINING ALL INFORMATION AS IDENTIFIED ON PAGE 2 OF THIS FORM.****

1. Zoning/land use change type (please check only one): Re-zone Conditional use permit Variance
2. Zoning/land use change is consistent with Town’s Comprehensive Plan – Future Land Use Map: Yes No
3. Zoning/land use change area is in a State-certified Farmland Preservation zoning district: Yes No
4. Zoning/land use change meets all Town Base Farm Tract requirements: Yes No
5. A land division will be required as a component of the zoning/land use change: Yes No
 If you answered **Yes**, you will need to complete the Rock County Land Division process. Please contact the Rock County Planning, Economic & Community Development Agency before completing and submitting this form. The Agency can be reached at 608.757.5587, planning@co.rock.wi.us, or 51 S. Main St., Janesville, WI 53545.
6. The zoning/land use change area is adjacent to a Rock County highway, or in the Rock County Floodplain, Shoreland Overlay, or Airport Overlay zoning district: Yes No Unsure
 If you answered **Yes** or **Unsure** and you plan to undertake any development activity (building construction/location or earth-moving activities) in the zoning/land use change area, you will/may need to obtain a Rock County Building Site Permit. Please contact the Rock County Planning, Economic & Community Development Agency before completing and submitting this form to the Town. The Agency can be reached at 608.757.5587, planning@co.rock.wi.us, or 51 S. Main St., Janesville, WI 53545.

APPLICANT INFORMATION

7. LANDOWNER OR AUTHORIZED LANDOWNER REPRESENTATIVE

a. Name:		Telephone:	
Address:	City:	State:	Zip:
b. Name:		Telephone:	
Address:	City:	State:	Zip:

8. AGENT (SURVEYOR AND DEVELOPER)

a. Surveyor name:		Telephone:	
Address:	City:	State:	Zip:
b. Developer name:		Telephone:	
Address:	City:	State:	Zip:

9. Please identify the individual from 7. or 8. that will serve as the primary contact: **7a.** **7b.** **8a.** **8b.**

ZONING/LAND USE CHANGE INFORMATION

10. Reason for zoning/land use change: Sale/ownership transfer Farm consolidation Refinance Other:

11. Zoning/land use change area location:	Town of _____	1/4 of _____	1/4 _____
	Section _____	Tax parcel number(s) - _____	

12. Zoning/land use change area is located adjacent to (check all that apply):
 Local/Town road Rock County highway State highway U.S. highway

13. Landowner’s contiguous property area (Square feet or acres): _____

14. Zoning/land use change area (Square feet or acres): _____

15. If you answered **Re-zone** to 1., indicate current zoning of zoning/land use change area: _____

16. If you answered **Re-zone** to 1., indicate future zoning of zoning/land use change area: _____

17. Landowners within one thousand (1,000) feet of zoning/land use change area (Use additional page (1a) if necessary):

a. Name:		Telephone:	
Address:	City:	State:	Zip:
b. Name:		Telephone:	
Address:	City:	State:	Zip:
c. Name:		Telephone:	
Address:	City:	State:	Zip:

APPLICANT STATEMENT AND SIGNATURE

I, as the undersigned, am a landowner applying for a zoning/land use change in the Town of Fulton in unincorporated Rock County, or am serving as the primary contact for said landowner. I do hereby verify that I have reviewed the *TOWN OF FULTON ZONING/LAND USE CHANGE – APPLICATION FORM INFORMATION*, reviewed and completed this application form, and submitted all information as required per said documents, and that all information is correct, accurate, and true to the best of my knowledge and belief, with all information accessible to me. These statements are being made to induce official action on the part of the Town of Fulton, its agents, employees, and officials.

LANDOWNER/PRIMARY CONTACT SIGNATURE: _____	DATE: _____
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APPLICATION CHECKLIST

	Yes	No	Comment
1. Have you included a map clearly marked “ZONING/LAND USE CHANGE”, identifying the zoning/land use change area and containing all of the following information?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Location of the zoning/land use change area by section, township, and range:	<input type="checkbox"/>	<input type="checkbox"/>	
b. Approximate location and dimension of EXISTING/PROPOSED property lines, including ownership, in the zoning/land use change area:	<input type="checkbox"/>	<input type="checkbox"/>	
c. Approximate location and dimension of all EXISTING/PROPOSED streets, including name, in and adjacent to the zoning/land use change area:	<input type="checkbox"/>	<input type="checkbox"/>	
d. Approximate location and dimension of all EXISTING property lines, including ownership name and zoning designation, within one thousand (1,000) feet of the zoning/land use change area:	<input type="checkbox"/>	<input type="checkbox"/>	
e. Scale, north arrow, and date of creation:	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has the map been prepared at a convenient scale not to exceed two hundred (200) feet to the inch, with the map pages numbered in sequence if more than one (1) page is required, and total map pages identified on each page?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you provided all required application form information and has the required party signed the application form?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you included four (4) hard copies of this application form, four (4) hard copies of the map, and the application fee?	<input type="checkbox"/>	<input type="checkbox"/>	

THANK YOU FOR COMPLETING THE *TOWN OF FULTON ZONING/LAND USE CHANGE – APPLICATION FORM*.

PLEASE SEND VIA POSTAL MAIL, OR HAND-DELIVER, FOUR (4) COPIES OF THIS APPLICATION FORM, FOUR (4) COPIES OF THE ZONING/LAND USE CHANGE MAP, AND THE APPLICATION FEE TO:

**TOWN OF FULTON
 2738 W. FULTON CENTER DR.
 EDGERTON, WI 53534**

17. Landowners within one thousand (1,000) feet of zoning/land use change area:										
d. Name:							Telephone:			
Address:					City:			State:		
e. Name:							Telephone:			
Address:					City:			State:		
f. Name:							Telephone:			
Address:					City:			State:		
g. Name:							Telephone:			
Address:					City:			State:		
h. Name:							Telephone:			
Address:					City:			State:		
i. Name:							Telephone:			
Address:					City:			State:		
j. Name:							Telephone:			
Address:					City:			State:		
k. Name:							Telephone:			
Address:					City:			State:		
l. Name:							Telephone:			
Address:					City:			State:		
m. Name:							Telephone:			
Address:					City:			State:		
n. Name:							Telephone:			
Address:					City:			State:		
o. Name:							Telephone:			
Address:					City:			State:		
p. Name:							Telephone:			
Address:					City:			State:		
q. Name:							Telephone:			
Address:					City:			State:		
r. Name:							Telephone:			
Address:					City:			State:		
s. Name:							Telephone:			
Address:					City:			State:		
t. Name:							Telephone:			
Address:					City:			State:		
u. Name:							Telephone:			
Address:					City:			State:		
v. Name:							Telephone:			
Address:					City:			State:		
w. Name:							Telephone:			
Address:					City:			State:		
x. Name:							Telephone:			
Address:					City:			State:		
y. Name:							Telephone:			
Address:					City:			State:		
z. Name:							Telephone:			
Address:					City:			State:		