

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

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# TOWN OF FULTON

## ROCK COUNTY

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

## ZONING OR 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 ALL PAGES OF THIS FORM AND INCLUDE A MAP, CONTAINING ALL INFORMATION AS IDENTIFIED ON PAGES 2-3 OF THIS FORM.\*\***

**FEE SCHEDULE**

**1. RE-ZONE, CONDITIONAL USE PERMIT OR VARIANCE: \$410 + Reimbursable Services (if applicable) to be invoiced.**

<b>1. Zoning/land use change type (please check only one):</b>	<input type="checkbox"/> <b>Re-zone</b>	<input type="checkbox"/> <b>Conditional use permit</b>	<input type="checkbox"/> <b>Variance</b>
<b>2. Zoning/land use change is consistent with Town’s Comprehensive Plan – Future Land Use Map:</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	
<b>3. Zoning/land use change property is in a State-certified Farmland Preservation zoning district:</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	
<b>4. Zoning/land use change meets all Town Base Farm requirements:</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	
<b>5. A land division will be required as a component of the zoning/land use change:</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	
If you answered <b>Yes</b> , you will need to complete the Town’s application for subdivisions and 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, <a href="mailto:planning@co.rock.wi.us">planning@co.rock.wi.us</a> , or 51 S.			
<b>6. The zoning/land use change property is adjacent to a Rock County highway, or in the Rock County Floodplain, Shoreland Overlay, or Airport Overlay zoning district:</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Unsure</b>
If you answered <b>Yes</b> or <b>Unsure</b> and you plan to undertake any development activity (building construction/location or earth-moving activities) in the zoning/land use change property, 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, <a href="mailto:planning@co.rock.wi.us">planning@co.rock.wi.us</a> , or 51 S. Main St., Janesville, WI 53545.			

### APPLICANT INFORMATION

**7. LANDOWNER OR AUTHORIZED LANDOWNER REPRESENTATIVE**

<b>a. Name:</b>						
Telephone:		Email:				
Address:		City:		State:		Zip:
<b>b. Name:</b>						Telephone:
Telephone:		Email:				
Address:		City:		State:		Zip:

**8. AGENT (SURVEYOR AND DEVELOPER)**

<b>a. Surveyor name:</b>						
Telephone:		Email:				
Address:		City:		State:		Zip:
<b>b. Developer name:</b>						Telephone:
Telephone:		Email:				
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

<b>10. Current zoning of property:</b>	<b>11. Current use of property:</b>
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**12.** Current water service on property:  **Municipal**  **Private**

**13.** Current sewer service on property:  **Municipal**  **Private**

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

**15.** If you answered **Re-zone** to **1.**, indicate proposed zoning of property:

**16.** Proposed use of property (Please also include a site plan/map as identified on the following page, under “Application Checklist”):

**17.** If proposed residential use, identify (if applicable): **Number of dwelling units:** \_\_\_\_\_ **Number of parking stalls:** \_\_\_\_\_

**18.** If proposed commercial use, identify (if applicable): **Hours of Operation:** \_\_\_\_\_ **Floor Area:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_ **Number of Parking Stalls:** \_\_\_\_\_

**19.** Proposed development timeline (if applicable):

<b>20.</b> Property location:	<b>Town of Fulton</b>	<b>1/4 of</b>	<b>1/4</b>
	<b>Section</b>	<b>Tax parcel number(s) -</b>	

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

**22.** Landowner’s contiguous property area (Square feet or acres): \_\_\_\_\_

**24.** Zoning/land use change area (Square feet or acres): \_\_\_\_\_

**23.** Please attach a legal description of the property.

**24.** Please attach a list of landowners within five hundred (500) or one thousand (1,000) feet of zoning/land use change area, where applicable\*. A notice of the date and time of the hearing will be mailed to all property owners within 500’ of the lot identified in the application.

*\*1,000 feet for zoning district change if in the A-E, A-G or R-RL zoning districts, CUPs and appeals*  
*\*500 feet for zoning district change if in district other than A-E, A-G or R-RL and variances*

**ADDITIONAL INFORMATION REQUIRED FOR VARIANCES (§425-4-1(I))**

**25.** Please attach responses to the following:

- If you answered Variance to 1., indicate reasons why ordinance requirements cannot be complied with.
- What hardship is created by the application of the Zoning Ordinance to this property? Is reasonable use of the property denied by zoning regulations?
- Is there a unique physical characteristic of the property which prevents development in compliance with the Zoning Ordinance?
- Would granting the variance harm the public interest in any way? For example, would public safety be compromised? What aesthetic impact would the project have? Would the proposal interfere with projected shore lands? What other impacts would the project have on the public interest?

**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 OR 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. I, as the undersigned, further understand that the Town of Fulton may require additional information, not identified herein, to supplement this application. **ALSO – READ & SIGN AGREEMENT FOR REIMBURSABLE SERVICES on page 3.**

<b>LANDOWNER/PRIMARY CONTACT SIGNATURE:</b> _____	<b>DATE:</b> _____
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**APPLICATION CHECKLIST**

	Yes	No	Comment
<b>1.</b> Have you included a site plan/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"/>	
<b>a.</b> Location of the zoning/land use change area by section, township, and range:	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b.</b> Approximate location and dimension of <b>EXISTING/PROPOSED</b> property lines, including ownership, in the zoning/land use change area:	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c.</b> Approximate location and dimension of all <b>EXISTING/PROPOSED</b> streets, including name, in and adjacent to the zoning/land use change area:	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d.</b> Approximate location and dimension of all <b>EXISTING</b> 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"/>	
<b>e.</b> Approximate location of all existing structures and the proposed construction.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>f.</b> Scale, north arrow, and date of creation:	<input type="checkbox"/>	<input type="checkbox"/>	

<p><b>2.</b> Has the site plan/map been prepared at a convenient scale not to exceed two hundred (200) feet to the inch, with the site plan/map pages numbered in sequence if more than one (1) page is required, and total site plan/map pages identified on each page?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>3.</b> Have you provided all required application form information and has the required party signed the application form?</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>4.</b> Have you included a copy of the map, the application fee?</p>	<input type="checkbox"/>	<input type="checkbox"/>	

**TOWN OF FULTON  
Application**

**Agreement for Reimbursable Services  
by Petitioner/Applicant/Property Owner**

The Town may retain the services of professional consultants (including planners, engineers, architects, attorneys, environmental specialists, recreation specialists, and other experts) to assist in its review of a proposal coming before the Planning & Zoning Commission. The Town reserves the right to apply the charges for these services as well as for staff time expended in the administration, investigation and processing of applications to the Petitioner.

The Petitioner is required to provide the Town with an executed copy of this agreement as a prerequisite to the processing of the application. The submittal of an application or petition shall be construed as an agreement to pay for such professional review services applicable to the proposal. The Town may delay acceptance of the application or petition as complete, or may delay final approval of the proposal, until the Petitioner pays such fees. Review fees which are applied to a Petitioner, but which are not paid, may be assigned by the Town as a special assessment to the subject property.

\_\_\_\_\_, the applicant/petitioner/property owner(s) for  
 [Name(s)]  
 \_\_\_\_\_, dated \_\_\_\_\_, 20\_\_\_\_\_, agrees,  
 (Nature of application/petition)

to reimburse the Town of Fulton for all consultant services (e.g. engineering, planning, surveying, legal) required to process this application in addition to those normal costs payable by an applicant/petitioner (e.g. filing or permit fees, publication expenses, recording fees, impact fees, etc.), and, further, agrees to reimburse the Town for other administrative staff review if, in the judgment of the Town Board, such reimbursement is warranted. If costs exceed the initial fee, the Town will invoice applicant/petitioner for the serviced provided for the professional consultants.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 (Signature of Applicant/Petitioner)

\_\_\_\_\_  
 (Signature of Property Owner, if Different from Applicant/Petitioner)

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

**PLEASE SEND VIA POSTAL MAIL, OR HAND-DELIVER, A COPY OF THIS APPLICATION FORM,  
 A COPY OF THE ZONING/LAND USE CHANGE MAP, AND THE APPLICATION FEE TO:**

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

**TOWN ACTION:**

\_\_\_\_\_ Approve      \_\_\_\_\_ Deny

**Town action rationale and findings of fact:**

\_\_\_\_\_  
 \_\_\_\_\_

**Town Official Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

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