

TOWN OF SPRING VALLEY
5656 S. NELSON RD.
BRODHEAD, WI 53520

TELEPHONE: (608) 897-5092

TOWN OF SPRING VALLEY

ROCK COUNTY

TOWN USE ONLY

Application Number: _____

Received By - Date
(MM/DD/YYYY): _____

TOWN RE-RE-ZONING/CUP/VARIANCE REQUEST FORM

1. Request type (please check only one): <input type="checkbox"/> Re-zone <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Variance	
2. Request is consistent with Town’s Comprehensive Plan – Future Land Use Map:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Request area is in a State-Certified Farmland Preservation Zoning district:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Request meets all Town Base Farm Tract requirements:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. A land division will be required as a component of the Re-Zoning, CUP, or Variance If you answered Yes , you will need to complete the Rock County Land Division process.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Re-Zoning, CUP, or Variance area is adjacent to a Rock County Highway, or in the Rock County Floodplain, Shoreland Overlay, or Airport Overlay Zoning District: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If you answered Yes or Unsure and you plan to undertake any development activity (building construction/location or earth-moving activities) in the Re-Zoning/CUP/Variance 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 INFORMATION			
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. <input type="checkbox"/> 7b. <input type="checkbox"/> 8a. <input type="checkbox"/> 8b. <input type="checkbox"/>			

RE-ZONING/CUP/VARIANCE REQUEST INFORMATION

10. Reason for Re-Zoning, CUP, or Variance Request?	
11. Re-Zoning/CUP/Variance area location:	Town of _____ 1/4 of _____ 1/4 Section _____ Tax parcel number(s) - _____
12. Re-Zoning/CUP/Variance area is located adjacent to (check all that apply): <input type="checkbox"/> Local/Town road <input type="checkbox"/> Rock County highway <input type="checkbox"/> State highway <input type="checkbox"/> U.S. highway	
13. Landowner’s contiguous property area (Square feet or acres):	14. Re-Zoning, CUP, or Variance area (Square feet or acres):
15. If you answered Re-zone to 1., indicate current Zoning of area to be Re-Zoned:	16. If you answered Re-zone to 1., indicate future Zoning of area to be Re-Zoned:
17. Landowners within one thousand (1,000) feet of Re-Zoning, CUP, or Variance 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 REQUEST STATEMENT AND SIGNATURE

I, as the undersigned, am a landowner applying for a RE-ZONING/CUP/VARIANCE in the Town of Spring Valley, 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 SPRING VALLEY RE-ZONING/CUP/VARIANCE – REQUEST 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 Spring Valley, its agents, employees, and officials.

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

	Yes	No	Comment
1. Have you included a map clearly marked, identifying the Re-Zoning CUP or Variance area and containing all of the following information?	<input type="checkbox"/>	<input type="checkbox"/>	
a. Location of the Re-Zoning, CUP, or Variance 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 Re-Zoning, CUP, or Variance area:	<input type="checkbox"/>	<input type="checkbox"/>	
c. Approximate location and dimension of all EXISTING/PROPOSED streets, including name, in and adjacent to the Re-Zoning, CUP, or Variance 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 Re-Zoning, CUP, or Variance 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 request form?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you included four (4) hard copies of this request 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 SPRING VALLEY RE-ZONING/CUP/VARIANCE – REQUEST FORM.

PLEASE SEND VIA POSTAL MAIL, OR HAND-DELIVER, FOUR (4) COPIES OF THIS REQUEST FORM, FOUR (4) COPIES OF THE RE-ZONING/CUP/VARIANCE MAP, AND THE REQUEST FEE TO:

TOWN OF SPRING VALLEY
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BRODHEAD, WI 53520

TELEPHONE: (608) 897-5092

17. Landowners within one thousand (1,000) feet of 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:		