

PERMITS ARE VALID ONE YEAR FROM DATE OF ISSUE



W780 Greiner Rd * Kaukauna, WI 54130
Phone 920-759-1677 Fax 920-759-1678

ZONING PERMIT

TOWN OF KAUKAUNA, OUTGAMIE

Date: _____

Name: _____

Phone: _____

Address: _____

City: _____ **State:** _____

Zip Code: _____

Owner: _____

Parcel #: _____

Address: _____

City: _____ **State:** _____

Zip Code: _____

I request one or more of the following. **Check one or more.**

(____) Rezone (____) Special Exception (____) Conditional Use (____) Variance

The following (4) four items **MUST** be included with this application or it will be sent back to you for completion causing delays in your hearing.

1. Describe, in detail, what you want.
2. Enclose a sketch giving locations of property and/or structure(s).
3. Include measurements such as; feet from property line or roads, along with a map showing the location of the property. The map should show at least two (2) roads.
4. List the names and addresses of property owners next to your property.

Signature of Petitioner: _____ Date: _____

Town Clerk: _____ Date: _____

Return this form, required paperwork and **fee of \$200.00**. Make check payable to: Town of Kaukauna.

There is also an additional \$50.00 fee due to Outagamie County for reviewing the rezone application. This can be made out to Outagamie County Treasurer at the time the Town makes its decision.

Return to: Town of Kaukauna
 W780 Greiner Road
 Kaukauna, WI 54130