

TOWN OF KAUKAUNA
W780 GREINER RD - PO BOX 644
KAUKAUNA, WI 54130-0644
Phone: 920 759-1677 Fax: 920-759-1678 Cell: 920-419-5539

ZONING PERMIT

TOWN OF KAUKAUNA, OUTAGAMIE

Date: _____

Name: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Owner: _____

Parcel Number: _____

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 **NEED TO BE INCLUDED** with the application or it will be sent back to you for completion causing delays in your hearing.

1. Describe, in detail, what it is you are requesting.
2. Enclose a sketch giving locations of the property and/or structure.
3. Include measurements such as; feet from property line or road right of way. A map showing the location of the property including but not limited to 2 roads where the property is located.
4. A list of names and addresses of all property owners surrounding the property.

Signature of Applicant: _____ Date: _____

Return this form, all required paperwork and a **fee of \$400.00.** Make checks payable to: TOWN OF KAUKAUNA

There may be an additional fee of \$50.00 due to Outagamie County if the review needs to go onto them for approval.

Town Clerk: _____

Date: _____

RETURN TO: TOWN OF KAUKAUNA
PO BOX 644
KAUKAUNA WI 54130