

# RUSHFORD TOWNSHIP ZONING

3413 N COUNTY ROAD K  
OMRO, WI 54963

Town Chairman, Tom Egan 920-379-8479  
Supervisor, Pat Kafer, 920-410-4282  
Supervisor, Jerry Schoonover, 920-410-3852

Clerk, Peggy Hendricks, 920-379-4515  
Treasurer, Kathryn Lewis, 920-379-4538  
Zoning, Tom Jackson, 920-410-2910

## CONDITIONAL USE PERMIT

Please read the instructions carefully and complete the application.

The following items are included:

- Conditional Use Application instructions.
- Conditional Use application form.

### Filing Instructions:

The complete application, site plan and fee should be submitted to the Rushford Town Clerk as far in advance of the application deadline as possible. Prior to submitting the application, contact the appropriate staff person as shown above to set up an appointment for application review.

FAILURE TO CONTACT THE TOWN OR CITY MAY RESULT IN A DENIAL AND APPLICATION FEES ARE NOT REFUNDABLE.

Important: Any Conditional Use Permit granted shall expire twelve (12) months from the date of approval unless substantial work has commenced.

If you have any questions concerning the application procedure, please contact the Zoning Administrator at 920-685-2650 Fred Kasten

Fee to be paid to the Town of Rushford prior to the review of the meeting date.

Checks payable to:

Town of Rushford  
3413 County Road K, Omro, WI 54963

Fee starts at \$350.00

Additional costs for advertising and notification of residents in the surrounding area if necessary will be charged at a later date.

## **CONDITIONAL USE APPLICATION INSTRUCTIONS**

1. *A site plan must be included with the application.* Site plan should be drawn to scale showing exact property dimensions, setbacks (existing and proposed), building dimensions, parking areas, etc.
2. The application should note the number of employees, hours of operation, seasonal requirements, any proposed landscaping, duration of time permit needed, etc. Use an additional sheet of paper if necessary.
3. If the application is for fill, existing and proposed contours must be shown. Stakes, about 2 ft. to 3 ft. high, should be placed around the perimeter of the fill area to assist the Committee and staff when viewing.
4. Where the request is for vacant property, place a 2 ft. to 3 ft. stake with red flagging in the CENTER OF THE LOT at the PROPERTY LINE so the Committee and staff can determine the location of the property more easily when viewing.
5. Application Requirements:
  - Item A: A-1: Property owner completes, and signs.  
A-2: If someone else is handling the application, that person *must complete and sign also.*
  - Item 8: B-1 and B-2 can be obtained from the tax bill or deed.  
B-3: Identify by address, or closest address and directions (such as North of 2222 Address Road).  
B-4: Show existing zoning. Mark proposed zoning as N/A.  
B-5: State the current use, and proposed use if the application is approved.  
B-6: Check if sanitary service is provided or needed, and if by public sewer, or private sanitary system.
  - Item D: D-3 through D-5: *To be completed in your own words.*
6. Filing: File the completed application, site plan, and filing fee with the Clerk's Office.

APPLICATION FOR CONDITIONAL USE PERMIT

Town of Rushford  
3413 County Road K  
Omro, WI 54963  
FEE: \$350.00

Check or Money Order payable to: Town of Rushford  
920-685-2967

(Please print or type. Please use black ink for duplicating purposes.)

**A. PROPERTY OWNER:**

A-1 NAME \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Permission is hereby granted for appropriate Town Staff to enter upon the property for the purpose of placement and removal of hearing notices, conducting inspections prior to hearing, and conducting inspections to determine compliance with the terms and conditions, if any, of the conditional use granted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I HEREBY APPOINT THE FOLLOWING AS MY AGENT FOR PURPOSES OF THIS APPLICATION:

A-2 APPLICANT (NAME) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**B. PROPERTY INFORMATION:**

B-1 Tax Key/Parcel #: \_\_\_\_\_

B-2 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ or CSM \_\_\_\_\_

Section \_\_\_\_\_ Town \_\_\_\_\_ North Range \_\_\_\_\_ East

Town of \_\_\_\_\_ Acres \_\_\_\_\_

B-3 Location (of property) \_\_\_\_\_

B-4 Zoning (Existing) \_\_\_\_\_ Zoning (Proposed): \_\_\_\_\_

B-5 Use (Existing): \_\_\_\_\_

Use (Proposed): \_\_\_\_\_

B-6 SEWER:

Existing \_\_\_\_\_ Required \_\_\_\_\_ Municipal \_\_\_\_\_ Private System:

CONDITIONAL USE PERMIT APPLICATION

Applicants please fillout all questions

D-3 Conditional Use Requested:

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D-4 Describe the proposed use:

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D-5 Describe how the proposed use will not have adverse effects of surrounding property:

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