

Zoning Code Amendment Request Application Town of Hartford

Town of Hartford 3360 Hwy K Hartford, WI 53027 262-673-7066

Overview: The Town of Harford Town Board adopted the Town's Zoning Ordinance, which consists of text and a zoning map. Requests to amend both can be made using this application form.

Governing regulations: The procedures and standards governing the review of this application are found in Chapter 10.08 of the Town Zoning Ordinance.

General instructions: Application materials should be submitted to the Town Clerk at the mailing address shown above. If you have any questions, please contact the Town Planner at: (262) 204-2350 or ben.greenberg@cedarcorp.com.

Fees: Please contact the Town Clerk at (262) 673-7066 to determine review fees.

| Applicant and agent information Include the names of the agent, if any, that helped prepare this application including the supplemental information. Examples include surveyors, engineers, landscape architects, architects, planners, and attorneys. | | | | | | |
|--|----|----------------|--|-----|--|--|
| Applicant | | Agent (if any) | | | | |
| Name: | | | | | | |
| Street address: | | | | | | |
| City, state, zip code: | | | | | | |
| Daytime telephone: | | | | | | |
| Email address: | | | | | | |
| Type of proposed amendment (check one or both) | | | | | | |
| ☐ Map amendment Complete Part A | | | | | | |
| ☐ Text amendment | · | | | | | |
| PART A - MAP AMENDMENTS | | | | | | |
| 3. Subject property information | | | | | | |
| Physical address | | | | | | |
| Tax Parcel ID number(s) T6- | | Т6- | | Т6- | | |
| Note: The Tax Parcel ID number can be found on the tax bill for the property, or it may be obtained from the Town Clerk. | | | | | | |
| 4. Zoning information | | | | | | |
| The subject property is located in the following zoning district(s). (check all that apply | /) | | | | | |
| AP Agriculture Preservation R-4 Pike Lake District Residential | | | | | | |
| AT Agricultural Transition C Commercial | | | | | | |
| RR Rural Residential L-I Light Industrial | | | | | | |
| R Residential C-1 Wetlands Conservancy | | | | | | |
| ☐ OR Outdoor Recreation | | | | | | |
| Proposed zoning district(s): | | | | | | |
| Comment: If the proposed amendment includes more than one parcel of land or if the parcel is to have more than one zoning classification, attach a map (8½ x 11) that shows the location of the proposed zoning classifications. | | | | | | |

| 5. | Proposed map an details. | nendment. Select the general reason(s) why yo | ou believe the zoning cla | assification should be changed and provide additional | | | | |
|---|----------------------------|---|---------------------------|--|--|--|--|--|
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| PART B – TEXT AMENDMENTS | | | | | | | | |
| 6. Drawcood tout amondment. For each proposed tout amondment identify the eaction number (e.g., 26.24) to be revised and | | | | | | | | |
| 6. Proposed text amendment. For each proposed text amendment, identify the section number (e.g., 36-24) to be revised and describe the proposed change and the reason(s) why you believe the change should be made. | | | | | | | | |
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| | Code Section number | Proposed change | | Justification | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
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| | 7. Applicant certification | | | | | | | |
| I certify that all of the information in this application, along with any attachments, are true and correct to the best of my knowledge and belief. I understand that I may be charged additional fees (above and beyond the initial application fee) consistent with the Town of Hartford | | | | | | | | |
| municipal code. I understand that submission of this application authorizes town officials, Plan Commission members, Town Board members, employees, | | | | | | | | |
| and other designated agents to enter the subject property to conduct whatever site investigations are necessary to review this application. This does not authorize any such individual to enter any building on the subject property, unless such inspection is specifically related to the review of this application and the property owner gives his or her permission to do so. | | | | | | | | |
| I understand that this application and any written materials relating to this application will become a permanent public record and that by submitting this application I acknowledge that I have no right to confidentiality. Any person has the right to obtain copies of such written materials. | | | | | | | | |
| | | ne Town Planner will review this application to d is incomplete, it will not be scheduled for review | | I of the required information. If he or she determines e complete. | | | | |
| Appl | icant: | | Date: | | | | | |
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