

**Town of Russell - Sheboygan County, Wisconsin**  
**APPLICATION for**  
**ZONING CHANGE**

This Application form must be completed in full and include a paid Application Fee before it will be accepted for review by the Town of Russell.

Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Name (if different from Owner): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address (if different from Owner address):

\_\_\_\_\_

\_\_\_\_\_

Is the proposed zoning consistent with the town of Russell Comprehensive Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of Property: \_\_\_\_\_ ¼ \_\_\_\_\_ ¼, Section \_\_\_\_\_, Tax Parcel # \_\_\_\_\_

Acreage: \_\_\_\_\_

Current Zoning (check one): A-1 EALP \_\_\_\_\_ A-1 PR \_\_\_\_\_ A-2 \_\_\_\_\_ A-4 \_\_\_\_\_ B-1 \_\_\_\_\_

C-1 \_\_\_\_\_ C-2 \_\_\_\_\_ P-1 \_\_\_\_\_ R-1 \_\_\_\_\_ PRD \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

Reason for Zoning Change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Specify the proposed use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If proposed zoning is A-4, B-1, PRD, or a Nonmetallic Mineral Extraction Operation under A-1 EALP, has an Application for Site Plan review been completed and submitted consistent with Section 1.38 of the Zoning Ordinance included with this Application?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Is a new parcel being created?    Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, how many new parcels (check one)?      1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 or more \_\_\_\_\_

If yes, has a Certified Survey Map of Plat been prepared?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Has a Perk Test been completed for this parcel(s)?                      Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, for what type of system? \_\_\_\_\_  
*(Please submit copy of perk test results with this application)*

Is the proposed zoning change and use of the land compatible with zoning/use of adjacent lands (explain):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Timeframe for Project: \_\_\_\_\_

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Checklist:**  
*(The Applicant shall submit twelve (12) copies of the application packet. The Town of Russell shall not accept any application for a zoning change until the application packet is submitted in its entirety).*

In addition to the perk test, CSM, Plat, and/or Site Plan (if required), the application packet shall include all of the following (please check):

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- One copy of the deed \_\_\_\_\_
- Names and address of all property owners within 300 ft. of the area proposed to be rezoned \_\_\_\_\_
  
- Plat plan or survey of property to be rezoned including all of the following: \_\_\_\_\_
  - Location and dimensions of property \_\_\_\_\_
  - Zoning of adjacent properties \_\_\_\_\_
  - Existing and proposed structures \_\_\_\_\_
  - Location of any navigable waters, wetlands, flood plains on or adjoin the property \_\_\_\_\_
- Proposed location of access to public road \_\_\_\_\_
- Additional information as required by the Plan Commission or Town Board \_\_\_\_\_

Application Fee:  
(\$300.00)

Check Number: \_\_\_\_\_  
Total Amount: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Professional Services: All costs of professional services such as legal, engineering, and planning review; research; and, recording fees related to any action initiated by the Applicant to be reviewed or acted upon by the Town of Russell Plan Commission, Town Board, or its designees shall pass to the Applicant.