

TOWN OF MILTON
23 FIRST STREET
MILTON, WI 53563

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TOWN OF MILTON ROCK COUNTY

TOWN USE ONLY

Application Number: Webb-Variance
JAN 15 2018

Received By - Date
(MM/DD/YYYY) TOWN OF MILTON

ZONING/LAND USE CHANGE - APPLICATION FORM

****PLEASE DO NOT COMPLETE THIS APPLICATION FORM UNTIL YOU HAVE READ THE TOWN OF MILTON ZONING/LAND USE CHANGE - APPLICATION FORM INFORMATION. PLEASE COMPLETE BOTH PAGES OF THIS FORM AND INCLUDE A MAP, CONTAINING ALL INFORMATION AS IDENTIFIED ON PAGE 2 OF THIS FORM.****

1. Zoning/land use change type (please check only one): Re-zone Conditional use permit Variance
2. Zoning/land use change is consistent with Town's Comprehensive Plan - Future Land Use Map: Yes No
3. Zoning/land use change area is in a State-certified Farmland Preservation zoning district: Yes No
4. Zoning/land use change meets all Town Base Farm Tract requirements: Yes No
5. A land division will be required as a component of the zoning/land use change:
If you answered Yes, you will need to complete the Rock County Land Division process. Please contact the Rock County Planning, Economic & Community Development Agency before completing and submitting this form. The Agency can be reached at (608) 757-5587, planning@co.rock.wi.us, or 51 S. Main St., Janesville, WI.
 Yes No
6. The zoning/land use change area is adjacent to a Rock County highway, or in the Rock County Floodplain, Shoreland Overlay, or Airport Overlay zoning district: Yes No Unsure
If you answered Yes or Unsure and you plan to undertake any development activity (building construction/location or earth-moving activities) in the zoning/land use change area, you will/may need to obtain a Rock County Building Site Permit. Please contact the Rock County Planning, Economic & Community Development Agency before completing and submitting this form to the Town. The Agency can be reached at (608) 757-5587, planning@co.rock.wi.us, or 51 S. Main St., Janesville, WI 53545.

APPLICANT INFORMATION

7. LANDOWNER OR AUTHORIZED LANDOWNER REPRESENTATIVE

a. Name:	Jon Webb			Telephone:	608-751-8604		
Address:	11512 Nelson St.	City:	MILTON	State:	WI	Zip:	53533
b. Name:				Telephone:			
Address:		City:		State:		Zip:	

8. AGENT (SURVEYOR AND DEVELOPER)

a. Surveyor name:				Telephone:			
Address:		City:		State:		Zip:	
b. Developer name:				Telephone:			
Address:		City:		State:		Zip:	

9. Please identify the individual from 7. or 8. that will serve as the primary contact: 7a. 7b. 8a. 8b.

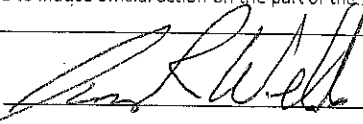
ZONING/LAND USE CHANGE INFORMATION

10. Reason for zoning/land use change: <input type="checkbox"/> Sale/ownership transfer <input type="checkbox"/> Farm consolidation <input type="checkbox"/> Refinance <input checked="" type="checkbox"/> Other:							
11. Zoning/land use change area location:	Town of MILTON Section NE 1/4 of 1/4 Tax parcel number(s) - 026 076003						
12. Zoning/land use change area is located adjacent to (check all that apply): <input checked="" type="checkbox"/> Local/Town road <input type="checkbox"/> Rock County highway <input type="checkbox"/> State highway <input type="checkbox"/> U.S. highway							
13. Landowner's contiguous property area (Square feet or acres):	14. Zoning/land use change area (Square feet or acres):						
15. If you answered Re-zone to 1., indicate current zoning of zoning/land use change area:	16. If you answered Re-zone to 1., indicate future zoning of zoning/land use change area:						
17. Landowners within one thousand (1,000) feet of zoning/land use change area (Use additional page (1a) if necessary):							
a. Name:				Telephone:			
Address:		City:		State:		Zip:	
b. Name:				Telephone:			
Address:		City:		State:		Zip:	
c. Name:				Telephone:			
Address:		City:		State:		Zip:	

APPLICANT STATEMENT AND SIGNATURE

I, as the undersigned, am a landowner applying for a zoning/land use change in the Town of Milton, in unincorporated Rock County, or am serving as the primary contact for said landowner. I do hereby verify that I have reviewed the *TOWN OF MILTON ZONING/LAND USE CHANGE – APPLICATION FORM INFORMATION*, reviewed and completed this application form, and submitted all information as required per said documents, and that all information is correct, accurate, and true to the best of my knowledge and belief, with all information accessible to me. These statements are being made to induce official action on the part of the Town of Milton, its agents, employees, and officials.

LANDOWNER/PRIMARY CONTACT SIGNATURE:



DATE:

1/3/2017

APPLICATION CHECKLIST

	Yes	No	Comment
1. Have you included a map clearly marked "ZONING/LAND USE CHANGE", identifying the zoning/land use change area and containing all of the following information?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Location of the zoning/land use change area by section, township, and range:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Approximate location and dimension of EXISTING/PROPOSED property lines, including ownership, in the zoning/land use change area:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Approximate location and dimension of all EXISTING/PROPOSED streets, including name, in and adjacent to the zoning/land use change area:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. Approximate location and dimension of all EXISTING property lines, including ownership name and zoning designation, within one thousand (1,000) feet of the zoning/land use change area:	<input type="checkbox"/>	<input type="checkbox"/>	
e. Scale, north arrow, and date of creation:	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has the map been prepared at a convenient scale not to exceed two hundred (200) feet to the inch, with the map pages numbered in sequence if more than one (1) page is required, and total map pages identified on each page?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Have you provided all required application form information and has the required party signed the application form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Have you included a hard copy of this application form, a hard copy of the map, and the application fee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

THANK YOU FOR COMPLETING THE *TOWN OF MILTON ZONING/LAND USE CHANGE – APPLICATION FORM*.

PLEASE SEND VIA POSTAL MAIL, OR HAND-DELIVER, A COPY OF THIS APPLICATION FORM,
A COPY OF THE ZONING/LAND USE CHANGE MAP, AND THE APPLICATION FEE TO:

TOWN OF MILTON
23 FIRST STREET
MILTON, WI 53563

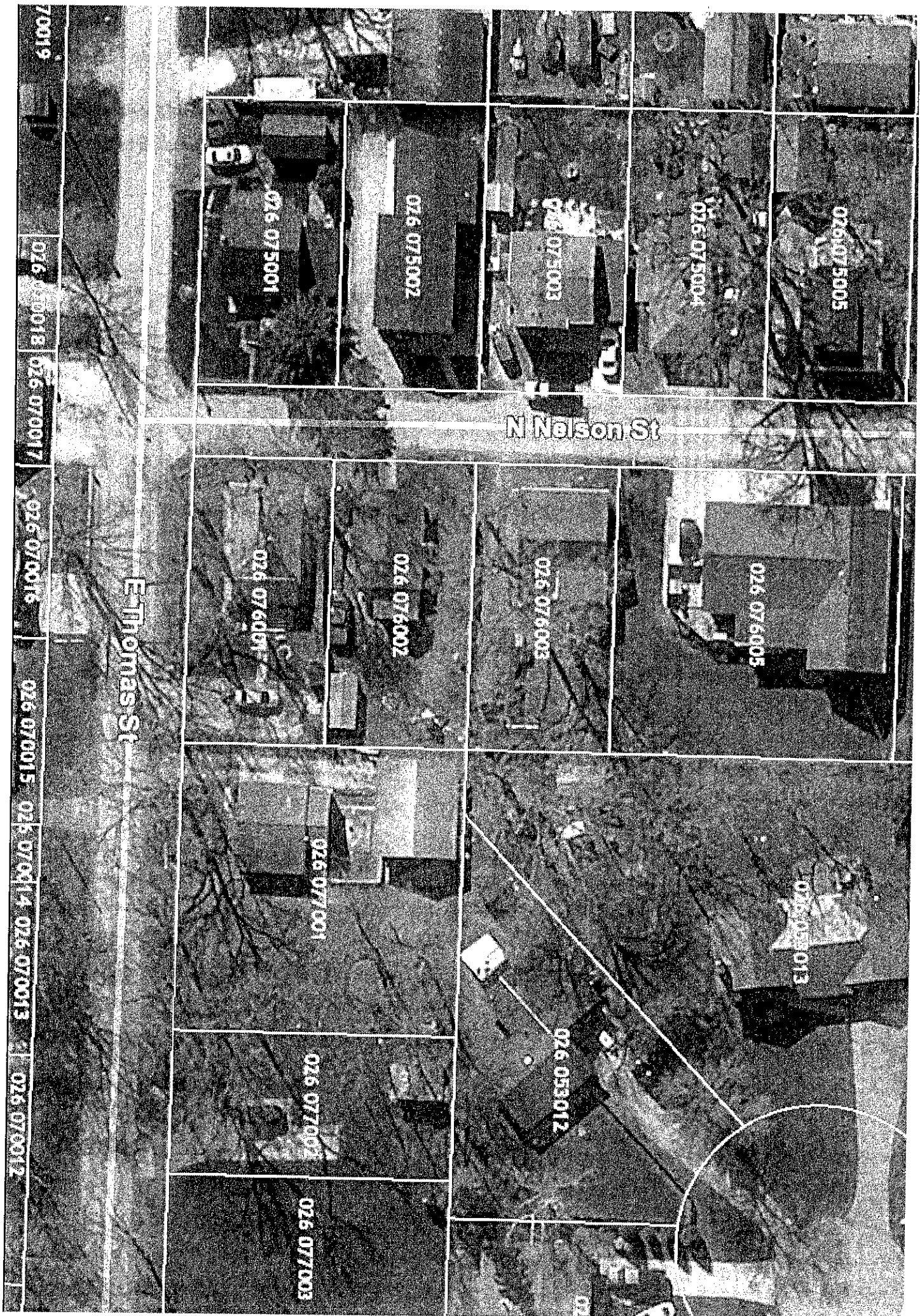
N. Nelson St.

House

Old
Garage
Will be
Removed

New Garage

Storage Bld
Will be Removed



026 07 5005

026 07 5004

026 07 5003

026 07 5002

026 07 5001

N Nelson St

026 07 6005

026 07 6003

026 07 6002

026 07 6001

E Thomas St

026 05 3013

026 05 3012

026 07 7001

026 07 7002

026 07 7003

026 07 0019 026 07 0018 026 07 0017 026 07 0016 026 07 0015 026 07 0014 026 07 0013 026 07 0012

0 0.005

Parcel Details for 026 076003

Parcel Information

Name: JONATHON R WEBB CHERYL A WEBB	Parcel Number: 6-13-1573
Address: 7227 E COUNTY RD N MILTON, WI 53563-9306	Site Address: 11512 N NELSON ST

Municipality:
TOWN OF MILTON

General Information

Sec/Town/Range: 5- 4 - 13	School District: 3612 - MILTON SCHOOL DISTRICT	Other Tax Codes: 7070-8030-0000-0000
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Documents: 1611116	Vol-Page: No Volume-Page Information
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Value Information

Assess Year 2017

Description	Acres	Land	Improvement
Residential	0.110	7,100	76,100
TOTALS	0.110	7,100	76,100

Legal Information

PIERCES 3RD SUBD PT NE1/4 LOT 3

Rock County provides this information with the understanding that it is not guaranteed to be current, complete or accurate. Conclusions drawn from this information are the responsibility of the user. While every reasonable effort has been made to ensure the timeliness and accuracy of the information, Rock County takes no responsibility for errors and omissions.

For questions regarding Outstanding Taxes and Tax Payment records, contact the County Treasurer office at (608)757-5670.

For questions regarding Tax Listing Information, please contact the Real Property Lister office at (608)757-5610.