

**PETITION FOR CONDITIONAL USE
BEFORE THE TOWN OF RINGLE BOARD**

As authorized by the Town of Ringle Zoning Ordinance

(I)(We): _____
Name

Address

Hereby petition for a Conditional Use Permit for property owned by: _____
Name

Address

The legal description of the property in this petition is:

Parcel Identification Number (PIN):

The proposed change is to facilitate the use of the land for (be specific – list all proposed uses):

Please address the following criteria as best as you can. These are the standards which will be addressed at the public hearing. (Use additional sheets if necessary)

1. In detail, explain what public facilities and services serve the property involved at present, or how they will be provided.

2. Explain how the provision for these facilities will not be an unreasonable burden to local government.

3. What have you done to determine that the land is suitable for the proposed conditional use?

4. Explain what will have to be done so the proposed conditional use will not cause unreasonable air and water pollution, soil erosion or adverse effects on rare or irreplaceable natural areas.

5. Explain any potential for conflict with existing land uses in the area.

6. Demonstrate the need of the proposed conditional use at this location.

7. What is the availability of alternative locations? Be specific.

8. If cropland is being consumed by this action, what is the productivity of the agricultural lands involved?

9. If cropland is being consumed by this action, explain how the proposed conditional use will be located to minimize the amount of agricultural land affected.

The names and mailing addresses of all property owners within 300 feet of the boundaries of the property on which this conditional use will be located are:

Include on a separate sheet (no larger than 11 x 17) a drawing of the property to be rezoned, at a scale of 1" = 200 feet or larger. Include the names of all property owners, existing land uses, and zoning classifications within 300 feet of the boundaries of the property on which the rezone is located. Show additional information if required. (If larger sheets are required to adequately portray the site, include ten (10) copies).

Petitioner's Signature _____ Phone# _____ Date _____

Owner's Signature _____ Phone# _____ Date _____
(If Different)

Date Fee Received: _____ Fee \$200.00 CK# _____ Make check Payable to:
Town of Ringle
223202 Abt Rd.
Ringle, WI 54471

FAILURE OF THE APPLICANT OR AGENT TO APPEAR AT THE HEARING WILL CAUSE THE COMMITTEE TO DENY THIS APPLICATION.