

**Town of Calumet**  
**Request for Zoning Change**  
Meetings held the 3<sup>rd</sup> Thursday of the month  
Applications due 20 days before meeting date

Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Address of property  
To be Rezoned: \_\_\_\_\_

Tax Parcel # \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Requested Zoning: \_\_\_\_\_

Use of land if change is granted (describe in detail):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following documents must be submitted with this REQUEST, or the request will not be considered:

1. Six (6) copies of the application and map of property for which variance is requested.
2. Names and addresses of all owners of abutting land of the property for which the variance is being requested.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

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

Meeting Fee due with  
Application **\$250.00**

Received by: \_\_\_\_\_