TOWN OF SPRING VALLEY
17310 Footville Brodhead
BRODHEAD, WI 53520

TELEPHONE: (608) 897-5092

TOWN OF
SPRING VALLEY

ROCK COUNTY

TOWN RE-ZONING/CUP/VARIANCE REQUEST FORM

1. Request type (please check only one):   ☐ **Re-zone**   ☐ **Conditional Use Permit**   ☐ **Variance**

2. Request is consistent with Town's Comprehensive Plan – Future Land Use Map: ☐ Yes ☐ No

3. Request area is in a State-Certified Farmland Preservation Zoning district: ☐ Yes ☐ No

4. Request meets all Town Base Farm Tract requirements: ☐ Yes ☐ No

5. A land division will be required as a component of the Re-Zoning, CUP, or Variance   ☐ Yes ☐ No
   If you answered **Yes,** you will need to complete the Rock County Land Division process.

6. Re-Zoning, CUP, or Variance 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 Re-Zoning/CUP/Variance 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 INFORMATION

a. Name:		Telephone:	
Address:	City:	State:	Zip:
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.** ☐

RE-ZONING/CUP/VARIANCE REQUEST INFORMATION

10. Reason for Re-Zoning, CUP, or Variance Request?

11. Re-Zoning/CUP/Variance area location:	**Town of**	**1/4 of**	**1/4**
	Section	**Tax parcel number(s) -**	

12. Re-Zoning/CUP/Variance area is located adjacent to (check all that apply):
   ☐ **Local/Town road**   ☐ **Rock County highway**   ☐ **State highway**   ☐ **U.S. highway**

13. Landowner's contiguous property area (Square feet or acres):	**14.** Re-Zoning, CUP, or Variance area (Square feet or acres):
15. If you answered **Re-zone** to **1.**, indicate current Zoning of area to be Re-Zoned:	**16.** If you answered **Re-zone** to **1.**, indicate future Zoning of area to be Re-Zoned:

17. Landowners within one thousand (1,000) feet of Re-Zoning, CUP, or Variance 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 REQUEST STATEMENT AND SIGNATURE

I, as the undersigned, am a landowner applying for a RE-ZONING/CUP/VARIANCE in the Town of Spring Valley, 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 SPRING VALLEY RE-ZONING/CUP/VARIANCE – REQUEST 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 Spring Valley, its agents, employees, and officials.

LANDOWNER/PRIMARY CONTACT SIGNATURE: _____   **DATE:** _____

REQUEST CHECKLIST

	Yes	No	Comment
1. Have you included a map clearly marked, identifying the Re-Zoning CUP or Variance area and containing all of the following information?	☐	☐	
a. Location of the Re-Zoning, CUP, or Variance area by section, township, and range:	☐	☐	
b. Approximate location and dimension of **EXISTING/PROPOSED** property lines, including ownership, in the Re-Zoning, CUP, or Variance area:			
c. Approximate location and dimension of all **EXISTING/PROPOSED** streets, including name, in and adjacent to the Re-Zoning, CUP, or Variance area:	☐	☐	
d. Approximate location and dimension of all **EXISTING** property lines, including ownership name and Zoning designation, within one thousand (1,000) feet of the Re-Zoning, CUP, or Variance area:	☐	☐	
e. Scale, north arrow, and date of creation:	☐	☐	
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?	☐	☐	
3. Have you provided all required application form information and has the required party signed the request form?			
4. Have you included four (4) hard copies of this request form, four (4) hard copies of the map, and the application fee?	☐	☐	

THANK YOU FOR COMPLETING THE *TOWN OF SPRING VALLEY RE-ZONING/CUP/VARIANCE – REQUEST FORM*.

**PLEASE SEND VIA POSTAL MAIL, OR HAND-DELIVER, FOUR (4) COPIES OF THIS REQUEST FORM,
FOUR (4) COPIES OF THE RE-ZONING/CUP/VARIANCE MAP, AND THE REQUEST FEE TO:**

TOWN OF SPRING VALLEY
17310 Footville Brodhead
BRODHEAD, WI 53520
TELEPHONE: (608) 897-4288

17. Landowners within one thousand (1,000) feet of change area:

d. Name:				Telephone:				
Address:		City:		State:		Zip:		
e. Name:				Telephone:				
Address:		City:		State:		Zip:		
f. Name:				Telephone:				
Address:		City:		State:		Zip:		
g. Name:				Telephone:				
Address:		City:		State:		Zip:		
h. Name:				Telephone:				
Address:		City:		State:		Zip:		
i. Name:				Telephone:				
Address:		City:		State:		Zip:		
j. Name:				Telephone:				
Address:		City:		State:		Zip:		
k. Name:				Telephone:				
Address:		City:		State:		Zip:		
l. Name:				Telephone:				
Address:		City:		State:		Zip:		
m. Name:				Telephone:				
Address:		City:		State:		Zip:		
n. Name:				Telephone:				
Address:		City:		State:		Zip:		
o. Name:				Telephone:				
Address:		City:		State:		Zip:		
p. Name:				Telephone:				
Address:		City:		State:		Zip:		
q. Name:				Telephone:				
Address:		City:		State:		Zip:		
r. Name:				Telephone:				
Address:		City:		State:		Zip:		
s. Name:				Telephone:				
Address:		City:		State:		Zip:		
t. Name:				Telephone:				
Address:		City:		State:		Zip:		
u. Name:				Telephone:				
Address:		City:		State:		Zip:		
v. Name:				Telephone:				
Address:		City:		State:		Zip:		
w. Name:				Telephone:				
Address:		City:		State:		Zip:		
x. Name:				Telephone:				
Address:		City:		State:		Zip:		
y. Name:				Telephone:				
Address:		City:		State:		Zip:		
z. Name:				Telephone:				
Address:		City:		State:		Zip:		