

# CITY OF COLUMBUS

105 N. DICKASON BOULEVARD COLUMBUS, WISCONSIN 53925-1565  
920.623.5900 FAX 920.623.5901 [www.cityofcolumbuswi.com](http://www.cityofcolumbuswi.com)

COLUMBUS

## APPLICATION FOR ZONING MAP AMENDMENT

### FEES:

Application: \$500.00

### DEPOSIT:

Residential, single lot - N/A  
Residential, more than 1 lot or up to 5 acres - \$1,000  
Commercial, Industrial - \$1,000

**Instructions to Applicant:** To request a change in the Zoning Ordinance, an application for a zoning map amendment must be filed with the City Clerk's Office and a public hearing held before the City's Plan Commission. Normally there are two primary reasons for a change in zoning. One reason is that the zoning ordinance does not comply with the City's Comprehensive Plan; the second is that the activity or use was not addressed or considered at the time the Comprehensive Plan was adopted. The burden of providing substantiating evidence rests with the applicant.

Applications will not be processed unless all required information for the specific application type is submitted and applicable fees are paid. The application deadline is usually 20 working days before the Plan Commission meeting to allow time for staff review and required publishing. **No partial applications will be accepted and final acceptance will be determined by City Staff.**

**Applicant information. Applicant will be invoiced for any additional professional fee costs:**

Name: Logan DeBoer

Address: 685 E. Slifer Street

City: Portage State: WI ZIP 53901

Phone: 608 742 7788 Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: Ldeboer@grothman.com

### Property Interest of Applicant:

Owner  Contract Purchaser  Leasee

Other (please explain) Surveyor  
\*\*\*\*\*

### Owner information (if different from Applicant):

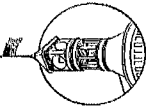
Name: KO Properties of Columbus LLC c/o Debbie Oldenburg

Address: 105 Dix Street

City: Columbus State: WI ZIP 53925

Phone: 920 210 5006 Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
\*\*\*\*\*



*Celebrate!*  
COLUMBUS

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## APPLICATION FOR ZONING MAP AMENDMENT

### Primary contact information:

Name: Same as applicant

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\*\*\*

### Location of Property

Address: 105 Dix Street Tax parcel number: 11211-908.02

Legal Description (attach additional sheets if necessary):

Part of lot 2 Csm 1848  
Excluding trans Plat no. 1401-02-21-4.01

\*\*\*\*\*

Requested Map Amendment: A narrative or cover letter shall be attached and include the following:

1. Information about Subject Property:

Current zoning of property: B-2 : highway commercial

Current use of property: (2) businesses on property. Fitness center & Subway Restaurant

2. Information about the requested zoning map change and what use the amendment would allow:

Change in zoning to B-3: General commercial. Smaller lot size

3. Reason for the change to the Zoning Map:

To allow for Smaller lot size to divide the  
A Businesses.

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4. Site Plan

A Site plan must be attached at a scale large enough for clarity showing the following information:

1. Location and dimensions of the lot showing all easements and all onsite parking.
2. All structures shown, including signs, the distance between all buildings and all front, side and rear setbacks.
3. All off-street parking spaces.
4. The principal buildings on adjacent lots.

\*\*\*\*\*

I certify that all the above statements and plans submitted with this application are true and accurate. I consent to the entry in or upon the premises described in this application by any authorized official of the City of Columbus for the purposes of inspection as may be required by law. I understand I will be invoiced for any additional professional fees generated by this application.

6/9/05

Date

*Jogian DeBorja*

Signature of Applicant

Date

Signature of Owner (if different from Applicant)