



# 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)

## 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: RONALD R KLAAS, D'ONOFRIO KOTKE & ASSOC.  
Address: 7530 WESTWARD WAY  
City: MADISON State: WI ZIP 53717  
Phone: (608) 833-7530 Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: RKLAAS@DONOFRIO.CC

**Property Interest of Applicant:**

Owner  Contract Purchaser  Leasee

Other (please explain) CIVIL ENG & LAND SURVEYOR  
\*\*\*\*\*

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

Name: JOSH LAMP, LAMPS LANDING LLC  
Address: 2230 FORDHEM AVE  
City: MADISON State: WI ZIP 53704  
Phone: (608) 239-2559 Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: LAMPJELLS@GMAIL.COM  
\*\*\*\*\*



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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: 1400 PARK AVENUE Tax parcel number: \_\_\_\_\_

Legal Description (attach additional sheets if necessary):

LOT 46, HIGHLAND RIDGE PLAT

\*\*\*\*\*

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

**1. Information about Subject Property:**

Current zoning of property: AG

Current use of property: HOUSE, BARN, AG FIELDS

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

LOT 1 - R 4 -- 42 UNIT APARTMENT BLDG  
LOTS 2-18 R 3 -- 10 NEW HOME SITES PLUS EX. STONE HOUSE

**3. Reason for the change to the Zoning Map:**

TO ALLOW RESIDENTIAL DEVELOPMENT

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4. Site Plan

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

*SITE PLAN FOR APARTMENT BUILDING TO BE SUBMITTED  
FOLLOWING PREL. PLAT APPROVAL.*

- 1. Location and dimensions of the lot showing all easements and all onsite parking.

*SEE PRELIM PLAT*

- 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.

8-26-24  
Date

  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (if different from Applicant)