



APPLICATION: ZONING CHANGE REQUEST FORM

To: Planning Commission, City of Kaukauna, Outagamie County, WI

Petitioner Information:

Name: KAUKAUNA AREA SCHOOL DISTRICT - CHRIS MCDANIEL

Mailing Address: 1701 COUNTY RD CE, KAUKAUNA, WI 54130

Phone Number:



Email:



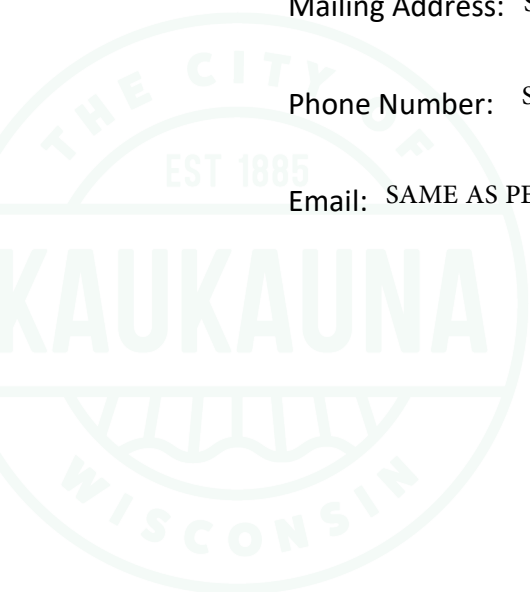
Property Owner Information (If Not Petitioner):

Name: SAME AS PETITIONER - SEE ABOVE

Mailing Address: SAME AS PETITIONER - SEE ABOVE

Phone Number: SAME AS PETITIONER - SEE ABOVE

Email: SAME AS PETITIONER - SEE ABOVE



Property Information:

Site Address/Location: PARCEL 1 OF REZONE EXHIBIT (LOT 1 OF PROPOSED CSM)

Lot Dimensions and Area: 100.164 TOTAL ACRES

Current Zoning: RESIDENTIAL

Current Uses: AGRICULTURE

Proposed Zoning: INSTITUTIONAL

Proposed Uses: SITE TO BE USED FOR NEW KAUKAUNA MIDDLE SCHOOL

Please State Reason(s) for Rezoning Request:

THE PROPOSED DEVELOPMENT INCLUDES A NEW MIDDLE SCHOOL FACILITY THAT EXCEEDS THE MAXIMUM BUILDING HEIGHT OF 35 FEET PERMITTED UNDER THE EXISTING RESIDENTIAL ZONING DESIGNATION. A REZONING IS REQUIRED TO ALLOW FOR THE PROPOSED BUILDING HEIGHT AND INSTITUTIONAL USE, WHICH ARE NOT PERMITTED UNDER THE CURRENT ZONING CLASSIFICATION.

Additional Requirements: For zoning change requests that would result in split zoning (or two zoning classifications on one parcel), professionally drawn maps are required to be submitted. These maps must include all structures, lot lines, and streets with distancers to each. Maps should be drawn to a scale of not less than 1":1,000'. Additional information may also be requested as may be appropriate per the proposal being made.

Rezoning/Zoning Change Fee Schedule: \$100.00

Please Note: Changes to zoning ordinances often require action by multiple governmental bodies. Between multiple meetings and statutory requirements for public hearings and noticing of meetings, sometimes reviews and authorizations can take more than 30 days. Please let staff know of your request as early as possible if you have a specific deadline that you need Plan Commission authorization by.

Signature of Petitioner:



Signature of Owner (If Not Petitioner): SAME AS PETITIONER - SEE ABOVE

Date Submitted to City of Kaukauna: 1/14/26

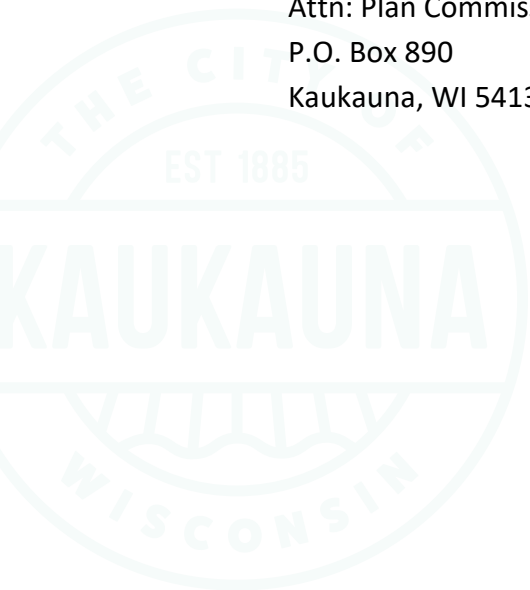
Please submit by email to planning@kaukauna.gov or by mail to:

City of Kaukauna

Attn: Plan Commission

P.O. Box 890

Kaukauna, WI 54130



FOR DEPARTMENT USE ONLY:

Date Application Received:

Payment Received:

Payment Receipt #:

Site Plan Reviewed:

1st Notice Sent:

2nd Notice Sent:

Plan Commission Approval:

Common Council Approval:

Signature of Planning & Community Dev. Staff:

