



CITY OF KAUKAUNA PLAN COMMISSION

APPLICATION FOR REVIEW

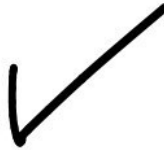
I am requesting a:

Zoning Change

Special Exception Permit

Certified Survey Map Review

Subdivision Plat Review



Petitioner Information:

Name: Tonic Home Care LLC

Address: 2108 Sullivan Ave Kaukauna WI 54130

Phone Number: 9202846726

Owner's Name (if not the petitioner): Sawyer Kossl

Owner's Address: 761 Thelosen Drive Kimberly WI 54136

Address of Parcel in Question: 2108 Sullivan Ave Kaukauna WI 54130

Property Dimensions (in either SF or Acres):

Explain your proposed plans and what you are requesting the Plan Commission approve.

Please also note if there are existing structures on this property:


Please see the attached purpose and Request document

Additional Requirements: For Certified Survey Map and Subdivision Plat Review, professionally drawn maps are required to be submitted. These maps must include all structures, lot lines and streets with distances to each. For Subdivision Plat Review, the proposed street system must be indicated on the face of the preliminary plat to indicate, within a 2,000 foot radius from the exterior border of the plat, how the proposed streets will tie into the existing street system. Maps should be drawn to a scale of not less than 1":1,000'. For Zoning Change requests that would result in split zoning (or two zoning classifications on one parcel), a professionally drawn map meeting the standards above is also required. Additional information may also be requested as may be appropriate per the proposal being made.

Plan Commission Review Fee Schedule:

Lot Division by Certified Survey Map (1-4 lots)	\$10/lot based on total lots
Subdivision Review (5+ lots)	\$200
Special Exception Permit	\$100
Rezoning/Zoning Change	\$100
Variance to Subdivision Ordinance	\$50
Planned Unit Subdivision Ordinance	\$200

Please Note: Changes to zoning ordinances, special exception permits and map/plat reviews 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):

Date Submitted to City of Kaukauna: 8/16/2024

Please submit by email to lpaul@kaukauna-wi.org or by mail to City of Kaukauna, Attn: Plan Commission, P.O. Box 890, Kaukauna, WI 54130