LAND USE APPLICATION FOR PERMIT

Please make check payable to:

Town of Big Flats
1104 County Road C, Arkdale, WI 54613
p: 608-564-7754 e: zoning@bigflatswi.com

New construction and requested zoning changes require this permit. Applications should be filed with the Town Clerk for the Zoning Administrator at the above address and will require a **$50 fee.** The following information is required for all applications and subject to Plan Commission approval. This form and Land Use and Zoning Ordinance can be downloaded at: **www.bigflatswi.com.**

1. Project Address or Location: Parcel ID 004009060000

1b. Project Description and Use: _____

(Attach additional pages if more space is needed)

2. This is an application for (Check all that apply):

___ Land Use Permit

___ Conditional Use Permit

V Zoning Map Amendment from R-2 to F-1

(Land divisions require the Land Division Application)

3. Applicant & Property Owner Information:

Applicant Name: Kyle Woodworth Property Owner (if not applicant): Kyle Woodworth

Address: 1149 Hackett Street City/State/Zip: Beloit WI 53511

Phone: 224-281-1719 Email: Woodworth9@Yahoo.com.

Project Contact Person (if not applicant): _____ Company: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

(All information must be completed where applicable to constitute a complete application)

4. Project Information (Please provide **ALL** of the following):

Development Commencement: _____ Completion: _____

___ Letter of Intent

___ Site Plan sketch (project details including all lot lines, setbacks to buildings, parking, driveways, property improvements).

___ Building Elevation drawings, floor plans and square footage.

___ Filing Fee (Make checks payable to Town of Big Flats Treasurer).

___ Proposed building site must be staked prior to inspection.

5. Applicant's Signature and Consent: I hereby certify that the above information is accurate and I agree to comply with all applicable ordinances of the Town of Big Flats and with the conditions imposed by this application. I understand that it is my responsibility to determine if my use is subject to regulations of any other entity such as Adams County, the State of Wisconsin, or a homeowners association. I understand this form is not in itself a Land Use Permit but only an application for a Permit and is valid only with procurement of applicable approvals. The issuance of this Application creates no legal liability, express or implied, on the Town of Big Flats. Where the applicant is not the property owner, applicant's signature indicates he/she has received authorization from all property owners to submit this application. I further grant consent for department staff to enter the premises.

Applicant's or Property Owner's Signature: Kyle Woodworth Date: 5-2-24

FOR OFFICE USE ONLY
Amt. Paid 350.00 Cash Date Rec'd 5/3/24 Rec'd by _____ Zoning District _____ Receipt No. _____

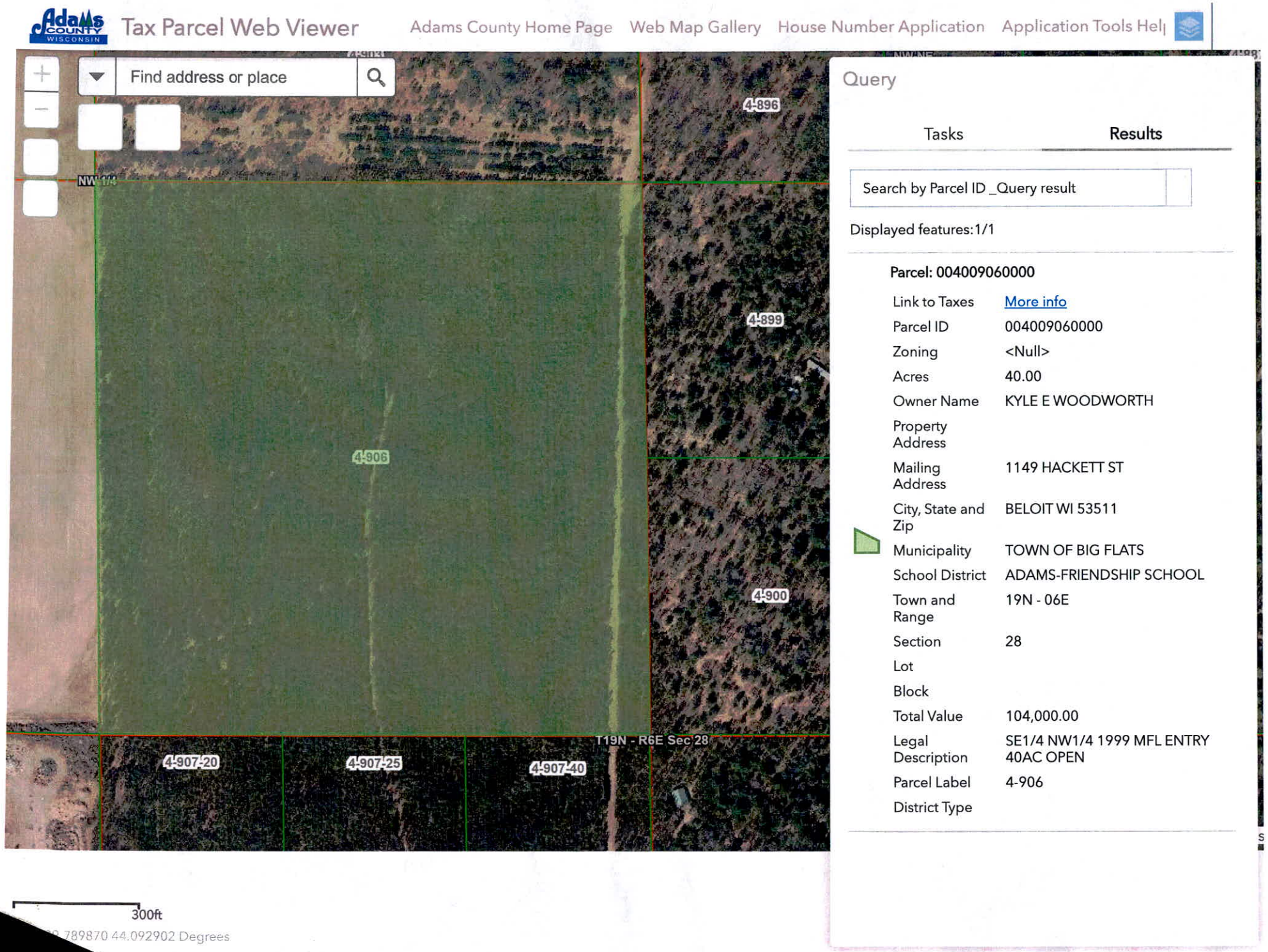
___ Review Required by Plan Commission if checked

___ Zoning Administrator Approval _____ Date _____

(Zoning Administrator signature signifies Town Board Approval)

REV 9/21

___ **Adams County permit(s) required *before proceeding if line is checked.***


Tax Parcel Web Viewer
Adams County Home Page
Web Map Gallery
House Number Application
Application Tools Hel
Find address or place
NW 1/4
4-896
4-899
4-906
4-900
4-907-20
4-907-25
4-907-40
T19N - R6E Sec 28
300ft
789870 44.092902 Degrees
Query
Tasks
Results
Search by Parcel ID _Query result
Displayed features:1/1
Parcel: 004009060000
Link to Taxes
More info
Parcel ID
004009060000
Zoning
<Null>
Acres
40.00
Owner Name
KYLE E WOODWORTH
Property Address
Mailing Address
1149 HACKETT ST
City, State and Zip
BELOIT WI 53511
Municipality
TOWN OF BIG FLATS
School District
ADAMS-FRIENDSHIP SCHOOL
Town and Range
19N - 06E
Section
28
Lot
Block
Total Value
104,000.00
Legal Description
SE1/4 NW1/4 1999 MFL ENTRY 40AC OPEN
Parcel Label
4-906
District Type

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1. Project Address or Location: Parcel ID 004009060000

1b.Project Description and Use: Building a pole barn to maintain MFL
(Attach additional pages if more space is needed)

2. This is an application for (Check all that apply):

V Land Use Permit

___ Conditional Use Permit

___ Zoning Map Amendment from _____ to _____

(Land divisions require the Land Division Application)

3. Applicant & Property Owner Information:

Applicant Name: Kyle Woodworth Property Owner (if not applicant): Kyle Woodworth

Address: 1149 Hackett Street City/State/Zip: Beloit WI 53511

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FOR OFFICE USE ONLY
Amt. Paid 50.00 Cash Date Rec'd 5/3/24 Rec'd by [illegible] Zoning District _____ Receipt No. _____

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___ Zoning Administrator Approval _____ Date _____

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REV 9/21

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Tax Parcel Web Viewer

Adams County Home Page | Web Map Gallery | HouseNumber Application | Application Tools Help

Query

Tasks | **Results**

Search by Parcel ID _Query result

Displayed features:1/1

Parcel: 004009060000

Link to Taxes	More info
Parcel ID	004009060000
Zoning	<Null>
Acres	40.00
Owner Name	KYLE E WOODWORTH
Property Address	
Mailing Address	1149 HACKETT ST
City, State and Zip	BELOIT WI 53511
Municipality	TOWN OF BIG FLATS
School District	ADAMS-FRIENDSHIP SCHOOL
Town and Range	19N - 06E
Section	28
Lot	
Block	
Total Value	104,000.00
Legal Description	SE1/4 NW1/4 1999 MFL ENTRY 40AC OPEN
Parcel Label	4-906
District Type	