

ZONING CONDITIONAL USE PERMIT APPLICATION
TOWN OF ST. GERMAIN, WI

The undersigned hereby requests the Town of St. Germain Zoning Committee issue a Conditional Use Permit as follows:

Date applied ___/___/___ Parcel # 24 - _____ Site address _____

Applicant/Agent

Name _____

Address _____

Street / P.O. Box

City

State

Zip

Telephone _____

Land

Mobile

Parcel owner (if different than applicant/agent)

Name _____

Address _____

Street / P.O. Box

City

State

Zip

Telephone _____

Land

Mobile

Explanation of proposed project requiring a Conditional Use Permit

Present parcel use: _____

Proposed parcel use: _____

Attach the following:

1. Plot plan showing details of the site, including location and dimensions of proposed construction and dimensions and locations of existing structures within 300 feet of proposed construction
2. Remittance in the amount of \$250 made payable to the Town of St. Germain.

Name of Applicant / Agent (printed)

Signature of Applicant / Agent

___/___/___
Date

Submit application to: Clerk, Town of St. Germain
P. O. Box 7
St. Germain, WI 54547

Any person, firm or corporation who has applied for and received a Conditional Use Permit from the Town of St. Germain agrees to allow free and unlimited access to the project for the St. Germain Zoning Administrator to inspect for compliance with the provisions of the Conditional Use Permit. Violations of the Conditional Use Permit provisions shall be deemed violations of the St. Germain Code of Ordinances, Chapter 1— Zoning and my result in revocation of the Conditional Use Permit and forfeitures as prescribed in section 1.609 of the referenced ordinance.