

CITY OF WASHBURN
119 Washington Avenue
P.O. Box 638
Washburn, WI 54891



715-373-6160
715-373-6161
FAX 715-373-6148

APPLICATION FOR CONDITIONAL USE PERMIT

(Zoning Code 13-7-51 through 62)

Name: _____ **Initial Application** ____ **Amendment/Renewal** ____

Physical and Mailing Address of Applicant: _____

Telephone Number: _____ **E-mail:** _____

Address/Description of Permit Property: _____

Requested Conditional Use: _____ **Zoning District:** _____

Applicant shall submit a letter detailing the desired use, along with a scaled site plan of the property if new construction is involved.

It is the responsibility of the applicant to provide the name and address (both physical and mailing) of property owners within a 150 foot radius the permit property. Please use attachments for longer lists.

1. _____

2. _____

3. _____

4. _____

5. _____

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I have read municipal code 13-7-52 through 62 as presented to me upon application and understand the process related to the issuance of a Conditional Use Permit. I also understand that I may be required to submit supplemental information as may be required elsewhere in the zoning code for my particular request.

Application Signature: _____ **Date:** _____

Filing Fee: *A \$150 filing fee is due at the time of submitting the application. A receipt of the fee payment shall be attached to this application form and shall serve as the application submission date.*

OFFICE USE ONLY

Date of Review Completed by Zoning Administrator: _____

Date of Public Hearing: _____

Dates of Publication/Mailing: _____

Recommendation of Plan Commission: _____

Approval by Council: _____