TOWN OF SOMERSET

ST. CROIX COUNTY, WISCONSIN

748 Hwy.35, P.O. Box 248 Somerset, WI 54025 715.247.3470 www.townofsomersetwi.com Email: townclerk@tn.somerset.wi.gov

Applic	ation for Conditional Use	Permit and Design Waivers/Variances
		Design Waiver
Property Location:	¹⁄₄ ,¹⁄₄ , Sec,	T, R
Property Owner:		
Mailing Address:		
Email Address:		
Daytime Phone: ()	
Agent/Surveyor:		
Mailing Address:		
Email Address:		
Daytime Phone: ()	
the best of my knowled	ge. I further agree to withdraw th	nerein as well as supporting information are true and correct to also written application if substantive false or incorrect on of Somerset to process this application.
Signature:		Date:
Owner	Authorized Agen	Date: t
Commission meeting (1 table or denial of the red	st Wed of Month @ 3 pm). The couest to the Town Board. All rev	or Design Waiver submittal is 14 days prior to the Plan commission may recommend approval, conditional approval, isions must be addressed and resubmitted in final form to the lly approve, table or deny the conditional use permit (CUP) or
Materials to submit sho	uld include:	
		parcel and surrounding parcels es and proof of adjacent landowner notification by USPS
		considerations regarding property involved
Fee: \$ 100.00 - Attorn		irectly related to this project will be billed separately as
An application must be	filed with St. Croix County Com	munity Development for their consideration, if required.
I, Town Clerk in order that being sought and that the	certicat the Town receives it at least 14 ne information provided is a true received.	fy that all of the above information has been submitted to the days prior to the Plan Commission Meeting where approval is representation to the vest of my knowledge.
TOWN USE ONLY:	Application accepted:	Received by: Date paid:
	Fees paid:	Date paid: