

Town of Mineral Point

Driveway, Preliminary CSM, Conditional Use, Change of Conditional Use, Zoning Change, or Variance Application

Property Address: _____ Parcel#: 25 018 - _____

Owner's Name: _____ Phone: _____

Email: _____

Type of Action Requested:

Check Items Applicable

☐ CSM (Certified Survey Map) Request \$200 – Include CSM

☐ Conditional Use Permit - \$200

Describe what Conditional use will be: _____

☐ Conditional Use Permit Renewal: \$25 for 2 years

☐ Zoning District Change: \$250 – Have you verified with the Iowa County Ordinance that your proposed change is allowed?? _____ YES _____ NO. If no, it is your responsibility to verify.

Reason for Change: _____

☐ Variance Request: \$300 - Include site plan with dimensions and reasons for hardship:

☐ Driveway Permit \$400.00 – Include map and dimensions

Request Made by: _____

Applicant (if different than owner): _____

Signature of Owner/Applicant: _____ Date: _____

FOR OFFICE USE ONLY:

Application: ☐ Approved ☐ Denied

Signed: _____ Date: _____

Fee: \$ _____ Pd. _____ Date: _____