

Town of Winneconne
6494 County Rd. M
Winneconne, WI 54986

Payable to: Town of Winneconne
Town Hall 920-582-3260

APPLICATION TYPE: _____ CSM REVIEW
_____ ZONING CHANGE
_____ SIGN PERMIT

FEE: See Current Fee Schedule

(Please print or type. Please use black ink for duplicating purposes.)

A. PROPERTY OWNER:

A-1 NAME _____

Mailing Address _____

Phone _____

Permission is hereby granted for appropriate Town Staff to enter upon the property for the placement and removal of hearing notices, and conducting inspections prior to hearing. Said permission is to remain in force until the conclusion of the Public Hearing and is binding upon all heirs and assigns.

Signature _____ Date _____

I HEREBY APPOINT THE FOLLOWING AS MY AGENT FOR PURPOSES OF THIS APPLICATION:

A-2 APPLICANT (NAME) _____

Mailing Address _____

Phone _____

Signature _____

Date _____

B. PROPERTY INFORMATION:

B-1 Tax Key/Parcel #: _____

B-2 Lot _____ Block _____ Subdivision _____ or CSM # _____

Section _____ Town _____ North Range _____ East

Town of _____ Acres _____

B-3 Location (of property) _____

B-4 Zoning (Existing) _____ Zoning (Proposed): _____

B-5 Use (Existing): _____

Use (Proposed): _____

B-6 SEWER:
Existing _____ Required _____ Municipal _____ Private System: _____

Applicant please fill out ALL the questions

C. DESCRIBE PRESENT USE(S):

D. DESCRIBE PROPOSED USE(S):

E DESCRIBE THE ESSENTIAL SERVICES (SEWER, WATER, STREETS, ETC.) FOR PRESENT AND FUTURE USES:

F. DESCRIBE WHY THE PROPOSED USE WOULD BE THE HIGHEST AND BEST FOR THE PROPERTY:

G. DESCRIBE THE PROPOSED USE(S) COMPATIBILITY WITH SURROUNDING LAND USES:

PLEASE SEND THE REQUIRED INFORMATION TO: **KATIE HARTER**
6494 County Rd. M
Winneconne, WI. 54986

IF YOU HAVE ANY QUESTIONS, PLEASE CALL KATIE AT: 920-500-0959

ALL APPLICATIONS MUST BE RECEIVED A MINIMUM OF 21 DAYS PRIOR TO THE PLAN COMMISSION MEETINGS WHICH ARE HELD THE SECOND WEDNESDAY OF EACH MONTH

PLOT PLAN OR CSM ATTACHED