

**CONDITIONAL USE PERMIT APPLICATION  
TOWN OF FARMINGTON  
WASHINGTON COUNTY WI**

The undersigned hereby make application for a Conditional Use Permit to be issued in accordance with Article D: Conditional Uses of the Town Zoning Ordinance.

The property which is the subject of this application is described as follows:

1. Address: \_\_\_\_\_

2. Legal Description (use a, b or c):

a. Lot \_\_\_\_\_ of Block \_\_\_\_\_ of \_\_\_\_\_ subdivision

b. Certified Survey Map No. \_\_\_\_\_ in Section \_\_\_\_\_

c. Metes and bounds description \_\_\_\_\_

3. Tax Key number: \_\_\_\_\_

4. Zoning District Classification \_\_\_\_\_

5. The specific conditional use being requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

as provided for in Section \_\_\_\_\_ of the Zoning Ordinance.

6. The property is presently used for the following purpose(s): \_\_\_\_\_

\_\_\_\_\_

7. Attached is a plat of survey or location sketch drawn to scale which shows:

- A. the boundaries and dimensions of the property;
- B. the location of existing and proposed buildings and their distance from lot lines;
- C. the location of driveways and easements;
- D. the distances to neighboring buildings and their uses;
- E. the location of the well and septic system and their distances to lot lines & buildings
- F. such other information as requested by the Zoning Administrator.

**Please enclose a list of the names and addresses of the owners of all property which is within 200 feet of the property described above. It is your responsibility to verify owners and addresses.**

Dated \_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Owner)

Phone # \_\_\_\_\_  
(Address if different than 1. above)

**Please enclose check for \$250.00 payable to Town of Farmington (public hearing fee)**