

# **APPLICATION FOR CONDITIONAL USE PERMIT CU\_\_\_\_\_**

TO: JEFFERSON COUNTY PLANNING AND ZONING COMMITTEE  
A CONDITIONAL USE PERMIT, AS AUTHORIZED BY SECTION \_\_\_\_\_, JEFFERSON COUNTY ZONING  
ORDINANCE, IS HEREBY REQUESTED FOR THE FOLLOWING USE:

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## **PROPERTY OWNER**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

## **PROPERTY DESCRIPTION**

Tax Parcel/  
PIN Number \_\_\_\_\_ Property Address \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ CSM # \_\_\_\_\_ Vol. \_\_\_\_\_ Page \_\_\_\_\_  
Parcel Size \_\_\_\_\_ Zoning District \_\_\_\_\_  
Present Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING WITH YOUR COMPLETED APPLICATION FORM.** Failure to submit a completed application that includes the below-mentioned items could delay scheduling your request for the next public hearing. All pages including plot plan to be no larger than 11"x 17".

1. Plot plan
2. Reasons for application
3. Explanation of type of use proposed
4. Explanation of proposed operation
5. Structures needed (new and/or existing)
6. Explanation of any needed land modifications
7. Town Board decision
8. Other pertinent information such as signs proposed, parking areas, hours of operation, etc.

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**NONREFUNDABLE HEARING FEE OF \$300 MUST ACCOMPANY PETITION. SUBMIT COMPLETE APPLICATION AND FEE TO JEFFERSON COUNTY ZONING DEPARTMENT, COURTHOUSE ROOM 201, 311 S. CENTER AVE., JEFFERSON, WI 53549**

PETITIONERS/OWNERS UNDERSTAND THAT NOTICE OF PUBLIC HEARING WILL BE SENT TO THEM, TO TOWNSHIP OFFICIALS, COUNTY BOARD SUPERVISOR FOR THE AREA OF THE PROPOSED CONDITIONAL USE, AND PROPERTY OWNERS ACCORDING TO SEC. 11.15 OF THE ZONING ORDINANCE.

AS PETITIONER/OWNER, I UNDERSTAND THAT I MUST CONTACT TOWNSHIP OFFICIALS AND ATTEND A TOWN BOARD/TOWN PLAN COMMISSION MEETING ON THIS MATTER PRIOR TO THE COUNTY'S PUBLIC HEARING; I UNDERSTAND THAT I MUST ALSO ATTEND THE COUNTY'S PUBLIC HEARING OR SEND AN AGENT TO REPRESENT ME.

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(Signature of OWNER) (Date)

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(Address, if Different From Above)

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(Signature of PETITIONER) (Date)

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(Address, if Different From Above) County Board Supervisor \_\_\_\_\_  
Extraterritorial \_\_\_\_\_  
Mailed to Town \_\_\_\_\_