

# SHULLSBURG

## APPLICATION FOR CONDITIONAL USE PERMIT

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Address of Property Affected \_\_\_\_\_

Legal Description of Property \_\_\_\_\_

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Parcel Number (s) \_\_\_\_\_

Present Zoning \_\_\_\_\_

Reason for request of Conditional Use Permit \_\_\_\_\_

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Zoning Administrator's Statement \_\_\_\_\_

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*(For Office Use Only)*

Date Filed: \_\_\_\_\_

Fee: \_\_\_\_\_ \$

Receipt No. \_\_\_\_\_