

APPLICATION FOR CONDITIONAL USE PERMIT

MANITOWISH WATERS PLANNING COMMISSION

PO BOX 267

MANITOWISH WATERS, WI 54545

Reference: Sect. 10.5 (B)

Number: _____

Manitowish Waters Zoning Ordinance 2007-1 as amended

Date Filed: _____

Fee Paid: _____

1. APPLICANT or AGENT: _____

APPLICANT ADDRESS: _____

PHYSICAL ADDRESS OF PROPERTY _____

OWNER OF PROPERTY: _____ TELEPHONE _____

Email Address/Cell Phone #/Home Phone # _____

2. LEGAL DESCRIPTION OF PROPERTY: _____ 1/4 _____ 1/4

GOVT. LOT NO. _____ SECTION _____ T42N.R5E.

FIRE # _____

PRESENT USE: _____ ZONING DISTRICT: _____

3. PROPOSED USE: (write a brief summary of intended use. Add extra sheet if necessary)

4. Please attach the following:

a. Adjoining property owners: All names & addresses of all abutting & opposite owners within 300 feet.

b. Plot plan: Show area involved, location, dimensions, and location of adjacent structures within 300 feet of the area.

5. CERTIFICATION: Should this Conditional Use Permit be issued for the intended use I/we will comply with all provisions, stating approval and of SECTION 10.5 of the Manitowish Waters Zoning Ordinance 2007-1, as amended.

SIGNED: _____ DATE: _____

Applicant or Agent

*****FOR OFFICE USE ONLY*****

Date Received: _____

Public Hearing Scheduled: _____ Approved: _____ Denied: _____

Signed: _____ Date: _____

Chairperson, Zoning Committee