



## APPLICATION FOR CONDITIONAL USE PERMIT

In accordance with the City of Green Lake Municipal Code Section 13-1-63, a Conditional Use Permit may be granted by the Plan Commission provided that such conditional uses or structures are in accordance with the purpose and intent of this Zoning Code and are found to be not hazardous, harmful, offensive, or otherwise adverse to the environment or the value of the neighborhood or community. In addition, the use is in line with the Comprehensive Plan.

Take Notice that the undersigned on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, requests a Conditional Use Permit for the following site.

**Property Currently Owned by:** \_\_\_\_\_

**Property Owner's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Location of property:**

- a) Street Address: \_\_\_\_\_
- b) Legal Description of Property (from tax records)

**Current Use of the Property:** \_\_\_\_\_

**Proposed Use of the Property:** \_\_\_\_\_

**Architect**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Engineering Firm**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Contractor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**TYPE OF STRUCTURE:** \_\_\_\_\_

**PROPOSED OPERATION OR USE OF STRUCTURE AND SITE:** \_\_\_\_\_

**NUMBER OF EMPLOYEES:** \_\_\_\_\_ **CURRENT ZONING:** \_\_\_\_\_

**The Conditional Use Permit is requested for the following reasons:** \_\_\_\_\_

**List of Property Owners (Names and Addresses) of record within 100 feet.  
(Attach additional sheet if needed)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Additional Information:**

**PLAT OF SURVEY** prepared by a Registered Land Surveyor showing all of the information required for a building permit, and proposed landscaping, must accompany this application.

**FEE** of \$500.00 must accompany this application. **(NOTE: Filing fee is non-refundable. If filing fee does not cover actual costs, applicant may be billed for the additional fees.)**

The Plan Commission or other Boards, Commissions, or Officers of the City may request additional information. (Sec 13-1-63 (a)(5) and (b)).

Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Attorney-At-Law (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

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**OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Clerk/Deputy Clerk

Receipt Number: \_\_\_\_\_ Disposition: \_\_\_\_\_