

TOWN OF ADDISON
PLANNING COMMISSION
WASHINGTON COUNTY, WISCONSIN

PETITION FOR CONDITIONAL USE HEARING

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

The undersigned owners of the following described real estate:

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TAX KEY #: T1- _____ SECTION: _____

ZONING DISTRICT: _____

do hereby request the issuance of a Conditional Use Permit under Section: _____

of the Zoning Ordinance of the Town of Addison for the following use or use:

Conditional Use Permit Fee \$350.00 due at time of application.

Date Paid: _____ Check #: _____