## **APPLICATIONS FOR ZONING CHANGE & CONDITIONAL USE PERMIT**

## TOWN OF LYNDON Sheboygan County, Wisconsin

| APPL        | ANI / OWNER  |
|-------------|--|
| Name        | Phone:   |
| Addre       | ::   |
| APPL)       | CATION FOR: (Check one)  |
|             | Zone Change Fromto   |
| (           | onditional Use Permit  |
| <u>REQU</u> | RED ATTACHMENTS:   |
|             | ALL APPLICATION: Attach a complete legal description of the real estate.   |
|             | <b>ZONING CHANGE:</b> Attach a site map or drawing with the parcel of real estate clearly marked.  |
|             | <b>CONDITIONAL USE:</b> Attach a site map or sketch of the parcel of real estate including but not limited to size, location of existing buildings, sanitary system, well and description of proposed conditional use. |
|             | <b>ADDITIONAL INFORMATION:</b> Attach any additional information that may be required by the Town Board or Plan Commission to assist in the decision or recommendation.  |
|             | <b>CATION:</b> I/We the undersigned, being the owners of all of the real estate described, pply for a zoning change or conditional use permit for the following purposes:  |
| PREV        | OUS APPLICATION: Has a previous application been filed?  |
|             | YESNO  |

**ADJACENT REAL ESTATE OWNERS:** List below the names and addresses of all adjacent real estate owners within 200 feet of the real estate which is the subject of this application and all real estate owners who might be affected by this change:

**EXISTING USE:** Describe the existing use of the real estate involved.

**PROPOSED USE:** Describe the proposed use of the real estate involved.

**EMPLOYEES:** If the existing or proposed use is industrial or commercial list the number of present and anticipated employees:

**HARDSHIP:** State the hardship or loss, if any, the applicant may suffer if this petition is denied:

**CERTIFICATE:** I/We hereby certify that all of the above statements and all attachments submitted are true and correct to the best of my/our knowledge and belief.

|                  | FOR TOWN USE ONLY   |
|------------------|---------------------|
| TITIONER/OWNER   | DATE FILED          |
|                  | HEARING ESTABLISHED |
| <del></del>      | DATE NOTICE         |
|                  | PUBLISHED           |
| PETITIONER/OWNER |                     |
|                  | DATE NOTICE MAILED  |
|                  | DATE OF HEARING     |
|                  | DISPOSITION         |