

Town of Oshkosh
Conditional Use Permit Application

Check or Money Order payable to Town of Oshkosh Fee: \$450.00 receipt # _____ ID Number _____
(Please print using black ink for duplication purposes)

A.

1.) PROPERTY OWNER:

Name: _____
Mailing Address: _____
Phone: _____ Cell: _____ Email: _____

Permission is hereby granted for appropriate Town Staff to enter upon the property for the placement and removal of hearing notices, and conducting inspections prior to hearing. Said permission is to remain in force until the conclusion of the Public Hearing and is binding upon all heirs and assigns.

Signature: _____ Date: _____

2.) APPLICANT INFORMATION (If different than owner):

Name: _____
Mailing Address: _____
Phone: _____ Cell: _____ Email: _____

B. PROPERTY INFORMATION:

- 1.) Tax Key/Parcel #: _____
- 2.) Lot _____ Block _____ Subdivision _____ or CSM# _____
Section _____ Town _____ North _____ Range _____ East Acres _____
- 3.) Location of Property: _____
- 4.) Zoning (Existing): _____ Zoning Proposed: _____
- 5.) Use (Existing): _____
Use (Proposed): _____
- 6.) Existing Sewer: Septic _____ Mound _____ Holding Tank _____ Municipal _____ or Needed _____
- 7.) Proposed site plan included: _____

C. EXPLANATION:

- 1.) CONDITIONAL USE REQUESTED:

2.) DESCRIBE THE PROPOSED USE:

3.) DESCRIBE THE HARDSHIP(S) THAT WOULD RESULT IF THE CONDITIONAL USE PERMIT IS NOT GRANTED:

4.) DESCRIBE HOW THE PROPOSED USE WILL NOT HAVE ADVERSE EFFECTS OF SURROUNDING PROPERTY:

A Public Hearing will be set upon the receipt of this application and the fee, whereas the applicant will furnish information to the Town Plan commission necessary for processing of the application.

I ACCEPT THESE TERMS AND HEREBY SUBMIT THE APPLICATION FOR APPROVAL:

SIGNED: _____ DATE: _____

Date Application Received by Town: _____ Public Hearing Date: _____
Received by: _____

RECOMMENDATION OF APPROVAL OF CONDITIONAL USE REQUEST TO PLANNING COMMISSION

Town Plan Commission Secretary: _____ Date: _____

Town Plan Commission Chair: _____ Date: _____

Conditions: _____

FINAL APPROVAL OF CONDITIONAL USE REQUEST BY TOWN BOARD

Town Clerk: _____ Date: _____

Town Board Chairman: _____ Date: _____

Conditions: _____
