

Town of Oshkosh

Conditional Use Permit Application

Fee: \$450.00

Receipt # _____ ID Number _____

Date: _____

PROPERTY OWNER:

Name: _____

Mailing Address: _____

Phone: _____ Cell: _____ Email: _____

APPLICANT INFORMATION (if different than 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 notice sign, 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.

I ACCEPT THESE TERMS AND HEREBY SUBMIT THE APPLICATION TO PROCEED IN THE CONDITIONAL USE PROCESS:

Signature of Property Owner or Applicant with the permission of the property owner.

Signature: X _____ Date: _____

A. PROPERTY INFORMATION:

1) Tax Key/Parcel #: _____

2) Lot _____ Block _____ Subdivision _____ or CSM# _____
Section _____ Town _____ North _____ Range _____ East Acres _____

3) Location/Address of Property: _____

4) **Zoning (Existing):** _____

5) **Use (If Existing):** _____

6) Existing Sewer: Septic Mound Holding Tank Municipal or Needed _____

7) Proposed site plan included with application: answer yes or no, _____

B. 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:

Please provide your own supplemental attachments such a a plan, design, description, to further explain your request.

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

The property owner and applicant will be notified of the public hearing date, along with property owners within a distance surrounding the location applied for.

Date application received by Town of Oshkosh: _____

Authorized Town Official initials: _____ Town Official Title: _____

Zoning Administrator signature: _____

Zoning Administrator receipt date: _____