

CONDITIONAL USE REQUEST
TOWN OF WRIGHTSTOWN PLANNING COMMISSION

Conditional Use Requests are \$450 plus \$25 per lot. Please make check payable to **Town of Wrightstown** and mail to Rick Gerbers, Zoning Administrator, 6816 Shanty Road, Greenleaf WI 54126, with this completed form.

APPLICANT

AGENT FOR APPLICANT

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

STATE BRIEFLY THE NATURE OF YOUR REQUEST. SAID STATEMENT SHOULD SHOW THAT THE PROPOSED CONDITIONAL USE WILL CONFORM TO THE STANDARDS SET FORTH IN THE ZONE DISTRICT. YOU SHOULD ALSO ATTACH SUCH PLANS AND/OR OTHER DATA ELABORATING UPON YOUR REQUEST.

PROPERTY LOCATION AND DESCRIPTION

W- _____ 1/4, _____ 1/4, SEC _____, T _____ N, _____ R _____ E

Town of Wrightstown

Area: _____ Acres(s)

Date: _____

Signature of Applicant

DISPOSITION

Date of Publishing _____

Date of Request _____

Committee Recommendation _____

Date of Recommendation _____

Town Board Action

Date of Action