

CONDITIONAL USE PERMIT APPLICATION

FOR OFFICE USE ONLY PC# _____

CITY OF ELKHORN - DEPARTMENT OF BUILDING AND ZONING

9 S. BROAD ST., P.O. Box 920 • ELKHORN, WI 53121
 PHONE: (262)741-5124 • FAX: (262) 741-5135

Notice: This document is an Official City of Elkhorn Document. All submittals must be made on Official City of Elkhorn Documents.

I, (We), the undersigned owner(s)/agent do hereby petition the Plan Commission to grant a Conditional Use Permit.

1. Address and legal description of the subject site (attach a separate sheet if necessary): _____

2. Tax Parcel number: _____
3. Zoning District: _____
4. Requested Conditional Use: _____
5. Petitioner's interest in the requested Conditional Use Permit: _____
6. List type and number of structures, proposed operation or use of the structure(s) or site, number of employees, parking, etc.: _____

I, (We) hereby certify that all the above statements and attachments submitted herewith are true and correct to the best of my knowledge and belief.

PROPERTY OWNER
(Signature)
Printed
Address _____

Phone _____

OWNER'S AGENT
(Signature)
Printed
Address _____

Phone _____

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Application Reviewed By: _____ Date: _____

Date Filed: _____ Date Published: _____ Date Notices Mailed: _____

Date of Public Hearing: _____

PLAN COMMISSION RECOMMENDATION: _____ DATE: _____

CITY COUNCIL ACTION: _____ DATE: _____