

VILLAGE OF FOOTVILLE

CONDITIONAL USE APPLICATION

Name of Applicant: _____ Date: _____

Address: _____ Phone: _____

Location of Property: _____ Own / Rent

If Rented Name/Address of Landlord: _____

Area of property (acreage or sq. ft.) _____

Description of Property (CSM/LOT#): _____

Description of existing or proposed building: _____

Reason for requesting conditional use (proposed usage): _____

Current Zoning: _____ Zoning information received from Clerk: _____

Names and Address of adjacent property owners (attach listing for those within 250 ft.): _____

Signature of Applicant/Owner: _____

Fee \$200.00 (Payable to Village of Footville) Date Fee Paid: _____

For office use:

Public Hearing to be held on: _____ Planning Commission to consider on: _____

Board to consider Planning Commission Recommendation on: _____

Approved/Denied Date: _____

If Denied Reason: _____

Conditional Use Permit #: _____ Issued on: _____