TOWN OF WAUSAU CONDITIONAL USE PERMIT APPLICATION

Please complete all information requested on this document for the purpose of obtaining a conditional use permit. Submittal is required 25 days prior to the scheduling of a hearing before Town Planning Commission. See Town of Wausau Application and Permit Fees for required fee. Following a public hearing the Town Planning Commission will make a recommendation to approve/deny to the Town Board. Final approval/denial and conditions will be made by the Town Board.

Property Owner				
Name	Company Name	Company Name		
Address				
City	State	Zip		
Phone	Email	Email		
Applicant/Agent representing ow	/ner			
Name				
Address				
	State			
Phone	Email			
Property Location or Legal Description	on			
Tax Key Number	Current Zo	ning of Parcel		
Parcel Size or	Acres			
CONDITIONAL USE IS REQUESTED FO	DR			

Please list below the property owner names, addresses, and Tax Key numbers for all properties that lie within 300 feet of the boundary of the parcel where the conditional use permit is requested. Use of Marathon County GIS System will help with parcels in area and owner names.

Property Owner Name	Address	Tax Key Number
ease attach a map showing loc	ation of each property.	1

I (We), being first duly sworn, attest that I am (we are) the Owner(s) of the property which is the subject of this application in the Town of Wausau, Marathon County, Wisconsin, and that all the information attached to or provided in support of said application, including sketches, data, and other documents and material, are honest and true to the best of my (our) knowledge.

Further, I (we) as Owner(s) of the subject property authorize and direct the Authorized agent(s) identified above to act as my (our) representative (s) in any matter regarding this application, which may include the payment of filing fees on my (our) behalf.

Further, I (we) as Owner(s) of the property subject of this application and Authorized Agent(s) understand that this application and all required forms and information must be complete and accurate, as determined by the Zoning Administrator for the Town of Wausau before a hearing on this matter can be scheduled.

Name of Agent(s)	Name of Owner(s)
Signature of Owner(s)	
The foregoing instrument was sworn to and a	cknowledged before me this day of,,
Notary signature	Commission Expires

Please return both pages along with a map of the area and the appropriate fee to: Town of Wausau Zoning Administrator 231302 Shenandoah Ridge Rd Wausau, WI 54403