

# CONDITIONAL USE PERMIT APPLICATION

FOR OFFICE USE ONLY  
PC# \_\_\_\_\_

## CITY OF ELKHORN - DEPARTMENT OF BUILDING AND ZONING

311 SEYMOUR COURT, 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.

<b>PROPERTY OWNER</b>
_____ (Signature)
_____ Printed
Address _____ _____
Phone _____

<b>OWNER'S AGENT</b>
_____ (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: \_\_\_\_\_