

Town of Oshkosh

Conditional Use Permit Application

Check or Money Order payable to Town of Oshkosh Fee: \$450.00 receipt # _____ ID Number _____
(Please print using black ink for duplication purposes)

A.

1.) PROPERTY OWNER:

Name: _____
Mailing Address: _____
Phone: _____ Cell: _____ Email: _____

Permission is hereby granted for appropriate Town Staff to enter upon the property for the placement and removal of hearing notice sign, and conducting inspections prior to hearing. Said permission is to remain in force until the conclusion of the Public Hearing and is binding upon all heirs and assigns.

Signature: _____ Date: _____

2.) APPLICANT INFORMATION (If different than owner):

Name: _____
Mailing Address: _____
Phone: _____ Cell: _____ Email: _____

B. PROPERTY INFORMATION:

- 1.) Tax Key/Parcel #: _____
- 2.) Lot _____ Block _____ Subdivision _____ or CSM# _____
Section _____ Town _____ North _____ Range _____ East Acres _____
- 3.) Location of Property: _____
- 4.) Zoning (Existing): _____ Zoning Proposed: _____
- 5.) Use (Existing): _____
Use (Proposed): _____
- 6.) Existing Sewer: Septic Mound Holding Tank Municipal or Needed _____
- 7.) Proposed site plan included: _____

C. EXPLANATION:

1.) CONDITIONAL USE REQUESTED:

2.) DESCRIBE THE PROPOSED USE:

3.) DESCRIBE THE HARDSHIP(S) THAT WOULD RESULT IF THE CONDITIONAL USE PERMIT IS NOT GRANTED:

4.) DESCRIBE HOW THE PROPOSED USE WILL NOT HAVE ADVERSE EFFECTS OF SURROUNDING PROPERTY:

A Public Hearing will be set upon the receipt of this application and payment, whereas the applicant will furnish necessary information to the Town Zoning Administrator for processing of this application.

I ACCEPT THESE TERMS AND HEREBY SUBMIT THE APPLICATION FOR APPROVAL:

SIGNED: _____ DATE: _____

Print name: _____

Date Application Received by Zoning Administrator: _____

Zoning Administrator signature: _____

C-100 Conditional Use

Property Owner: _____

Applicant Name: _____

Concerning property address: _____

PUBLIC HEARING

Date of Hearing: _____

Published Dates of public hearing (class 2 notice): _____

BOARD OF APPEALS DECISION

Date of Board of Appeals meeting(s): _____

Board of Appeals Secretary: _____ Date: _____

Board of Appeals Chair: _____ Date: _____

Decision Date: _____

Approved _____ Denied _____

State reason(s) for findings. Including details of any stipulations or conditions:

