

Fee: _____ (Payable to Town of Niagara)

Fee Paid

Town of Niagara

Niagara, Wisconsin 54151

Temporary Use Application

Application date: _____

Name: _____

Address: _____

Home phone: _____ Work: _____

Cell: _____ Fax: _____

Tax Parcel number: _____

Legal description of property:

_____ 1/4 of _____ 1/4; Sect. _____ T _____ N R _____ E or

Present District (circle one): R1 R2 A1 B1 F1

Describe the need for a Temporary Use: (Use not to exceed twelve (12) months.)

* * * * *
Zoning Administrator recommendation (circle one): Approved Denied

Zoning Administrator Date

Planning Committee recommendation (circle one): Approved Denied
 (Attach copy of committee minutes)

Planning Committee Chairperson Date

Applicant: _____