

Fee: _____ (Payable to Town of Niagara) All fees must be paid before approval is given to start the process

Fee Paid

Town of Niagara

Niagara, Wisconsin 54151

Use Application

Application date: _____

Name: _____

Address: _____

Home phone: _____ Work: _____

Cell: _____ Fax: _____

Tax Parcel number: _____

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

Legal description of property:

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

Use (circle one): Conditional Land

Applicant shall comply with Section XIII, H of the Zoning Ordinance plus any other Sections that may apply in the districts.

Present use: _____

Proposed use: _____

(Attach all necessary documents including zoning map of location.)

Are "special conditions" recommended? (circle one) Yes No

(If "Yes," attach letter of special conditions to this form.)

* * * * *

Date of Public Hearing: _____

Zoning Administrator recommendation (circle one): Approved Denied

Date: _____

Planning Committee recommendation (circle one): Approved Denied

Date: _____

(Attach letter of recommendation)

Town Board recommendation (circle one): Approved Denied

Date: _____

Attach copy of board minutes

Applicant: