



Village of **Ashwaubenon**

2155 Holmgren Way • Ashwaubenon, WI 54304

[www.ashwaubenon.com](http://www.ashwaubenon.com)

P: 920.492.2302 F: 920.492.2328

## Conditional Use Permit Application

### Site Information

Address \_\_\_\_\_

Parcel ID VA- \_\_\_\_\_ Zoning District \_\_\_\_\_ # of Employees \_\_\_\_\_

Structure Type \_\_\_\_\_

Proposed Operation/Use \_\_\_\_\_

Legal Description (lot, block, & recorded subdivision **OR** meets & bounds description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Property Owner

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Applicant (If different than property owner)

Architect  Contractor  Agent  Other ( \_\_\_\_\_ )

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Additional information as may be required by the Plan Commission, Village Engineer, Zoning Administrator or Building Inspector

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided in this application is true and accurate.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If different than Property Owner)*

### Please remit application to:

Village Clerk-Treasurer, Village of Ashwaubenon, 2155 Holmgren Way, Ashwaubenon, WI 54304

<i>FOR OFFICE USE ONLY</i>			
Date Filed: _____	\$250 Fee Paid: <input type="checkbox"/> yes / <input type="checkbox"/> no		
Village Board Action: _____ ayes / _____ noes	<input type="checkbox"/> approved / <input type="checkbox"/> denied	DATE: _____	
Stipulation(s): _____ _____ _____			