

APPLICATION FOR CONDITIONAL USE PERMIT

TO THE ZONING ADMINISTRATOR. The undersigned hereby makes application for a **CONDITIONAL USE PERMIT** for the work described and located as shown herein. The undersigned agrees that all work shall be done in accordance with the requirements of the Door County Zoning Ordinance.

1. OWNER NAME AND MAILING ADDRESS

Name _____
No. _____ Street _____
City _____ State _____ Zip _____
Home Phone # _____ - _____ - _____
Daytime Phone # _____ - _____ - _____

2. BUILDING SITE LOCATION

Fire # _____ Road _____
Town of _____
Local Phone # _____ - _____ - _____

3. DEVELOPER NAME AND MAILING ADDRESS

Name _____
No. _____ Street _____
City _____ State _____ Zip _____
Phone # _____ - _____ - _____

4. PROPERTY IDENTIFICATION

Parcel No. _____ - _____ - _____
or
_____ Copy of Deed (attached) or
_____ Legal Description (attached) or
_____ Other (specify) _____

5. USE

Proposed use of land or structure:

6. SECTION OF ZONING ORDINANCE REQUIRING PERMIT _____

7. SANITARY PERMIT

Type of System _____
Sanitary Permit No. _____
Date of Issuance _____
Approximate date of installation _____

8. BUILDING PLANS

(For requirements see form attached)

9. SITE PLAN

(For requirements see form attached)

10. ROCKHOLES

A rockhole is any depression or opening in the ground surface through which gathered surface water enters bedrock and eventually joins groundwater.

To the best of your knowledge, do any rockholes exist on the lot?

_____ No _____ Yes
If yes, show location on Site Plan.

11. FEE

Make check payable to the Door County Treasurer in the amount of \$_____.

12. AUTHORIZATION FOR INSPECTION

I hereby authorize the Zoning Administrator(s) and/or members of the Resource Planning Committee to enter and remain in or on the premises for which this application is made at any reasonable time for all purposes of inspection relative to this petition.

13. SIGNATURE OF APPLICANT OR AGENT

Date _____

(FOR OFFICE USE ONLY)

Zoning District _____

Inspections:

Date	Inspector	Remarks

Permit Issued: (by) _____ (date) _____ (for) _____

(w/conditions) _____

Permit Denied (by) _____ (date) _____ for the following reasons: _____

Receipt No. _____ Fee _____ Date _____
Date Permit Issued: _____
Certificate of Compliance: Date _____
Floodplain Zoning Permit: Date _____

TOWN OF: _____
OWNER: _____
SECTION _____ T _____ N, R _____ E

PARCEL NO.: 0 - - - - -

