**CONDITIONAL USE PERMIT APPLICATION**

Please fill out all forms attached in this document for the purposes of obtaining a conditional use permit. Submittal is required 20 days prior to the scheduling a hearing by the Town Planning Commission. See Town of Texas Fee Schedule for all required fees. Conditional Use permits are reviewed by the Planning Commission and Town Board. Conditions will be set by the Board.

**Property Owner**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant/Agent representing owner**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adddress:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Property Location or Legal Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tax Key Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Zoning of Parcel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parcel Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or \_\_\_\_\_\_\_\_\_\_acres**

**CONDITIONAL USE IS REQUESTED FOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please list the property owner names, addresses, and Tax Key numbers for all properties that lie within 300 feet of the area where the conditional use permit is requested. Use of the County GIS System will help with parcels in area and owner names.

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| --- | --- | --- |
| Property Owner Name | Address | Tax Key Number |
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Please attach a map showing location of each property.

**AFFIDAVIT**

I(We), being first duly sworn, attest that I am(we are) the Owner(s) of the property which is the subject of this application in the Town of Texas, Marathon County, Wisconsin, and that all the information attached to or provided in support of said application, including sketches, data, and other documents and material, are honest and true to the best of my (our) knowledge.

Further, I(we) as Owner(s) acknowledge and accept the responsibility for any and all fees charged or costs incurred by the Town of Texas to carry out the processing and review of this application, I(we) further acknowledge and understand that I(we) will be required to start an escrow account to which all processing and review costs will be charged; I (we) further acknowledge that in the event that the initial fee is not sufficient to cover all the costs associated with processing and reviewing the application, I (we) will be required to provide the Town of Texas an additional deposit; I (we) further acknowledge that the balance of any remaining fees shall be refunded within a reasonable amount of time after this application has been processed or withdrawn.

Further, I (we) as Owner(s)of the subject property authorize and direct the Authorized agent(s) identified above to act as my (our) representative(s) in any matter regarding this application, which may include the payment of filing fees on my (our) behalf;

Further, I(we) as Owner(s) of the property subject of this application and Authorized Agent(s) understand that this application and all required forms and information must be complete and accurate, as determined by the Zoning Administrator for the Town of Texas, before a meeting and/or hearing can be scheduled.

**Name of Owner(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Owner(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Agent(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The foregoing instrument was sworn to and acknowledged before me

this \_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_

Notary signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Commission Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_