

Permit # 8

CONDITIONAL USE PERMIT Town of Little Black

Fill out in black or blue ink or type.

PERMIT NO. _____

Owner's Name _____ Agent's Name _____

Owner's Address _____ Agent's Address _____

Daytime Phone No. _____ Daytime Phone No. _____

Address of Premises: _____

Zoning District _____

Legal Description: Subdivision Name _____ Block # _____ Lot # _____

_____ 1/4 _____ 1/4 or Gov't Lot # _____ Section _____ Township _____ Range _____

Nearest Road/Street _____

Name of Lake or Stream _____

Proposed Project _____

DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY)

Fee: _____ Receipt No. _____

Conditions:

Permit Granted: _____ Date: _____

Title: _____

Office Use Only:

Photos to be scanned? ☐ Yes ☐ No

File name: _____

The property owner agrees to allow free and unlimited access to the projects during daylight hours to the Planning and Zoning Committee or Member or any Planning and Zoning Employee who is investigating the project's construction, operation or maintenance.

Violation of any condition shall be deemed a violation of this Ordinance. Any person who has applied for and received a permit and begins work on the project acknowledges that they have read and understand and agree to follow all conditions of the permit as granted.

All information contained herewith is accurate and complete to the best of my knowledge. A permit issued under mistake of fact or in violation of this Ordinance, Wisconsin Administrative Code or Wisconsin Statutes gives the permittee no vested right and is revocable.

Print name of applicant/agent

Signature

Date

State of Wisconsin)

) SS.

Taylor County)

Personally came before me this _____ day of _____, 2____,

the above named _____, known to me to be the person

who executed the foregoing instrument and acknowledged the same.

Notary Public

Taylor County, Wisconsin

SEAL

My Commission expires: _____