

Town of Saratoga 1120 State Highway 73 South Wisconsin Rapids, WI 54494	CONDITIONAL USE APPLICATION	Permit No. _____ Parcel No. _____
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Applicant – Print	Home Phone No. (____) _____ Cell Phone No. (____) _____
Address, City, State, ZIP Code	E-mail address

Legal Description: ___¹/₄, ___¹/₄, S ___, T ___, R 6 E Town of Saratoga
 Fire Number: _____
 Lot area & Dimensions: _____ acres/sq.ft. x _____ ft. Zoning District: _____
 Current Use and Improvements: _____

Nature & disposition of any prior petition for appeal, variance or conditional use

Description of all nonconforming structures & uses on the property _____

Conditional use requested (ordinance section # & specific use): _____

Design/practices proposed to achieve standards: _____

ATTACH A SITE PLAN WITH DIMENSIONS AND A SKETCH SHOWING THE LOCATION OF ALL EXISTING AND PROPOSED BUILDINGS, DRIVEWAY, ADJACENT ROAD(S), SETBACKS FROM ALL LOT LINES AND ROAD RIGHT-OF-WAY

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

Signed: _____ Date: _____
Applicant/Agent/Owner

Remit to: Zoning Administrator
1120 State Hwy 73 South
Wisconsin Rapids WI 54494