



Town of Genesee est. 1843
S43 W31391 Highway 83
P.O. Box 242
Genesee Depot, WI 53127
Tel: (262) 968-3656 Fax: (262) 968-3809

CONDITIONAL USE APPLICATION

RESPONSIBLE PARTY NAME, MAILING ADDRESS & DATE:

Printed Name *Date*

Mailing Address *City* *State* *Zip*

Phone *Fax* *Email*

PROPERTY OWNER NAME, MAILING ADDRESS & DATE:

Printed Name *Date*

Mailing Address *City* *State* *Zip*

Phone *Fax* *Email*

C/U FILE NO.: _____ **TAX KEY NO.:** _____

LEGAL DESCRIPTION: _____

ZONING DESIGNATION: _____

TOWN LAND USE PLAN DESIGNATION: _____

REQUEST FOR: _____

SECTION OF ORDINANCE: _____

***ON A SEPARATE PAPER PLEASE INCLUDE A WRITTEN SUMMARY OF THE
PROPOSED USE/USES**

***ALONG WITH A BRIEF BUSINESS PLAN (IF APPLICABLE)**

PLEASE SUBMIT THE FOLLOWING ADDITIONAL INFORMATION WITH THIS APPLICATION AS REQUIRED PER SECTION 40 (A) (1) OF THE TOWN OF GENESEE ZONING CODE:

- 1. Two (2) paper copies and one (1) electronic copy (thumb drive) of a map, preferably a topographic map, drawn to a scale of not less than two hundred (200) feet to one (1) inch, showing: the land in question; its legal description and location; location and use of all existing buildings, sanitary systems and private water supplies on such land; the high water elevation of any navigable waters within one hundred (100) feet of the boundaries of the land in question; the 100-year floodplain, and any wetlands or environmental corridors on the property or land in question.
- 2. Names and complete mailing addresses, including zip codes, or the owners of all properties within three hundred (300) feet of any part of the land included in the proposed application unless waived in writing by the Town Plan Commission **(to be provided by the Town of Genesee)**.
- 3. Additional information as may be required by the Town Planner, Town Engineer, Town Building Inspector or the Town Plan Commission.
- 4. Where necessary, to comply with certain regulations established by applicable laws, applications shall be required to be submitted to the other governmental bodies having jurisdiction which may include the State Department of Natural Resources, the U.S. Army Corps of Engineers and/or Waukesha County.

Name of Responsible Party: _____

Signature: _____

Date: _____

Name of Property Owner or Authorized Agent: _____

Signature: _____

Date: _____

Title or authority, if not the property owner: _____

Date: _____

BOTH THE OWNER/AUTHORIZED AGENT AND OPERATOR MUST SIGN THIS APPLICATION.