Fee: $150.00 Paid: _____ Date: _____

CITY OF WAUPUN
201 E. Main Street
WAUPUN, WISCONSIN 53963

Conditional Use Permit Application

Applicant Name: _____ Phone # _____

Address: _____ E-mail: _____

City, State, Zip _____

Property Description and address:

_____

_____

_____

Conditional Use Requested:

_____

_____

_____

_____

_____

Zoning Ordinance Section Involved:

_____

_____

_____

_____

_____

Date Presented to Plan Commission: _____

CONDITIONAL USE: ☐ Granted ☐ Denied

Comments:

_____

_____

_____

Signature of Applicant (s) _____

_____