

Town of Lyndon
Conditional Use/Special Exception Application to Town of Lyndon Plan Commission

Date _____ \$250.00 fee paid to Town of Lyndon

Owner or Agent

Contractor

Name _____

Address _____

Phone _____

Legal description: ___ 1/4 ___ 1/4, S __, T14, R __ E, Town of Lyndon

Fire number ___ Tax parcel number _____

Lot area & dimensions: _____ sq. ft., _____ x _____ ft.

Zoning district _____

Current use & improvements _____

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

Description of all nonconforming structures & uses on the property _____

Conditional use requested (ordinance # & specific use) _____

General standards for approval:

Design/practices proposed to achieve standards:

Specific (design) standards for approval:

Design/practices proposed to achieve standards:

Attach a plat or other map of your site and detailed construction plans.

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

Signed: _____ Date: _____
Remit with fee to Denise J. Giebel, W 3080 Mitchell Road, Lyndon Station, WI, 53944