

TOWN OF LYNDON CONDITIONAL USE/SPECIAL EXCEPTION APPLICATION TO PLAN COMMISSION

Please remit with fee to: Town of Lyndon, W3080 Mitchell Rd, Lyndon Station WI 53944

Applicant _____ Phone _____

Address _____

Email _____

Parcel number _____ **Physical address** _____

Legal description _____

Lot area & dimensions _____

Zoning District _____

Current Use and Improvements _____

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

Description of all nonconforming structures and uses on the property _____

General standards for approval _____

Design/practices proposed to achieve standards _____

Specific design standards for approval _____

Design/practices proposed to achieve stands _____

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

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

Signature _____ Date _____

For administrative use only

Date of application received _____ Date property owners w/in 500' notified _____

Dates legal notices were published _____ Public hearing date _____ Vote _____ Date of vote _____

Plan Commission Chair

Attest