

# Village of Potter Plan Commission Application

Conditional Use Permit      (check one)  
 Map Amendment       Text Amendment

## PART A: PROPERTY INFORMATION

PROPERTY ADDRESS: \_\_\_\_\_

LOCATION ID: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

PRESENT ZONING: \_\_\_\_\_

## PART B: APPLICANT & OWNER INFORMATION

APPLICANT INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PROPERTY OWNER INFORMATION (check if same as applicant ):

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME CONTACT NUMBER: \_\_\_\_\_

## PART C: CONDITIONAL USE PERMIT

DESCRIBE THE PROJECT FOR WHICH A CONDITIONAL USE PERMIT IS REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_

## PART D: MAP AMENDMENT (i.e. Rezoning)

ZONING REQUESTED: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

## PART E: TEXT AMENDMENT

CODE SECTION TO BE AMENDED: \_\_\_\_\_

PROPOSED NEW LANGUAGE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHAT IS THE PURPOSE OF THE APPLICATION: \_\_\_\_\_

## PART F: AUTHORIZATION

**(I)(We), the owner(s) of the property for which this request is being submitted, hereby authorize staff and members of the Village of Potter Plan Commission and Village Board to enter upon the premises for all purposes of inspection related to this application. I hereby certify the information on this application is correct to the best of my knowledge and belief.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed application, required attachments and permit fee to:  
Village of Potter, PO BOX 162, Potter, WI 54160 Questions? (920) 853-7600

OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Fee Received: \_\_\_\_\_ Check #: \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_ Village Board Decision Date: \_\_\_\_\_ Approved:  Yes

No