Application No.	

TOWN OF GARFIELD CONDITIONAL USE PERMIT APPLICATION

Property Owner:		
Mailing Address:		
Home Phone: () Cell Phone: ()		
Email Address:		
Contractor/Agent:		
Mailing Address:		
Home Phone: () Cell Phone: ()		
Email Address:		
Site Address:		
Property Location:1/4,1/4, Sec, TN, RW		
Lot #: Block #: Subdivision/CSM #: Gov't Lot #:		
Parcel Number (see tax bill):		
Size of Parcel: X = SQ. FT. <i>OR</i> Acres		
Existing Zoning District: Proposed Zoning District:		
Present improvements on the land (describe):		
Reason for Request (describe):		
Reason for Request (describe).		

I, being the applicant/owner of all the of Garfield, Polk County, Wisconsin Zoning Ordinance for the above described.	, for a Conditional Use Permit as a	
I declare that this application, include of my knowledge. I agree to allow T County ordinances, or their designee time for the purpose of inspection.	own and County officials charged	with administering Town and
Applicant Signature:	***************************************	Date:
Return with payment to: Town of Garfield 690 Minneapolis St. Amery, WI 54001 (715) 268-4857		
	FOR TOWN USE:	
Received By:	Date Filed:	Fee(s) Paid:

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