



City of Monroe

1110 18th Avenue, Monroe, WI 53566

Phone: (608) 329-2533 Fax: (608) 329-2561

CONDITIONAL USE APPLICATION

TO: Plan Commission and Zoning Board of the City of Monroe

DATE: _____ **Conditional Use Permit Fee:** \$150.00

Applicants are required to attend the Plan Commission meeting. Meetings take place on the second Wednesday of each month at 5:00 pm.

I, (We), the undersigned owner(s) do hereby petition the Plan Commission to grant a Conditional Use to permit (include a statement of use, the extent and area of project)

at these premises (address and legal description):

Tax Parcel Number: _____

The present Zoning Classification of the property is: _____

Petitioner's interest in the requested Conditional Use: _____

I, (We), hereby certify that all the above statements and attachments submitted herewith are true and correct to the best of my (our) knowledge and belief.

PROPERTY OWNER(S)

OWNER'S AGENT

NAME: _____
(please print)

(please print)

NAME: _____
(signature)

(signature)

ADDRESS: _____
(City) (State) (Zip Code)

(City) (State) (Zip Code)

PHONE: _____

FOR OFFICE USE ONLY

PLAN COMMISSION RECOMMENDATION:

Zoning Administrator

Review Fee of \$150.00 Received: _____