

**TOWN OF EAGLE
CONDITIONAL USE APPLICATION**

I, (We), the undersigned owner/agent do hereby petition the Plan Commission to grant a conditional use amendment.

1) Address and legal description of the subject site: _____

2) Tax parcel number: _____

3) The present zoning classification: _____

4) Petitioner's interest in the requested conditional use: (property owner, buyer, agent, etc.)

5) List type and number of structure(s), proposed use of the structure(s) or site, number of employees, parking facility:

6) Submit the following information:

- A. Plat of survey indicating location, elevation, dimensions, uses of existing and proposed structures, easements, streets, driveways, public ways, off street parking, loading areas and existing highway access restrictions and any adjoining structures within 50' of a property line. (12 copies)
- B. Attach a list of all property owners within 300' of subject lot lines.
- C. Fill out a Plan of Operation form.
- D. Pre-application conference is normally required with the Plan Commission.
- E. Any other information required by the Town Plan Commission or Town Planner.
- F. Fee of \$450.00 payable to the Town of Eagle.



Conditional Use Application

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

PROPERTY OWNER

OWNER'S AGENT

Name _____

Name _____

(Signature)

(Signature)

Address _____

Address _____

(City) (State) (Zip)

(City) (State) (Zip)

(Phone)

(Phone)

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FOR OFFICE USE ONLY

Application reviewed by: _____ Date: _____

Filed: _____

Notice Mailed: _____

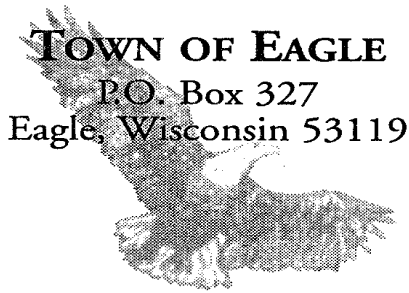
Published: _____

Public Hearing: _____

Filing Fee (\$450.00) _____
Payable to Town of Eagle

PLAN COMMISSION RECOMMENDATION: _____ (Date)

BOARD ACTION: _____ (Date)



TOWN OF EAGLE PROFESSIONAL SERVICES REIMBURSEMENT NOTICE

PLEASE READ AND SIGN THE FOLLOWING NOTICE:

Pursuant to the Town of Eagle Ordinance, the Town of Eagle Town Board has made a determination that whenever the services of the Town Planner, Town Engineer, Town Attorney, Town Building Inspector or any other of the Town's professional staff results in a charge to the Town for that professional's time and services, and such services is not a service supplied to the Town as a whole, the Town Clerk shall charge that service for the fees incurred by the Town to the property owner incurring those fees even if the request is not approved. Also, pursuant to the Town of Eagle Ordinance, certain other fees, costs, and charges are the responsibility of the property owner even if the request is not approved.

I/we, the undersigned, have been advised that, pursuant to the Town of Eagle, if the Town Planner, Town Engineer, Town Attorney, Town Building Inspector or any other Town professional provides services to the Town because of my/our activities, whether at my/our request or at the request of the Town, I/we shall be responsible for the fees incurred by the Town even if my/our request is not approved. In addition, I/we have been advised that pursuant to the Town of Eagle, certain other fees, costs, and charges are my/our responsibility even if my/our request is not approved.

You will receive your first bill once charges are incurred or your issue is closed. Bills will be sent as charges become available so you are kept up to date regarding your current charges.

PLEASE PRINT LEGIBLY

Name & Mailing Address of the Property Owner:

Phone _____

Name & Address of Petitioner/Responsible Party for Billing (if different from above):

Phone _____

Tax Key No. of the Property Involved in the Request: EGLT _____

Request for: _____

Name of Business: _____

Signature of Property Owner and/or Responsible Party:

Owner

Petitioner

Phone _____ Date _____

Phone _____ Date _____

Signature of Witness and Date

Signature of Town Official and Date

A copy of this completed form shall be provided to the Town Clerk for billing purposes.

**Town Of Eagle
PLAN OF OPERATIONS**

1. Business History

Years in Operation: _____

At What Address: _____

Name of Property Owner: _____

Address: _____

Daytime Phone Number: _____

2. Proposed Business

Address: _____

Tax Key Number: _____

Name of Property Owner: _____

Address: _____

E-mail: _____ Fax No.: _____

Phone Number: _____

Type of Business (Please explain type of business *ie*: retail, service etc., provide detailed explanation of service that the business provides and attach any additional information that may explain):

Maximum Number of Employees: _____

Days and Hours of Operation: _____

3. Questionnaire:

- a) Is there any food service or vending machines incorporated in this proposal? Yes _____
No _____
If yes, How many? _____
What type? _____
- b) Are there any game machines proposed? Yes _____ No _____
If yes, How Many? _____ What Type? _____
- c) Is there any type of music proposed? Yes _____ No _____
If yes, Juke box: _____ Live: _____ Days of Week: _____ Hours: _____
- d) Is a highway access permit needed from the State, County, or Town? Yes _____ No _____ If yes,
have you secured a permit? Yes _____ No _____
- e) Date of Approval by the Department of Natural Resources of the well for the proposed use (if
applicable): _____
- f) Date of approval by the County for the existing septic system (if
applicable): _____
- g) What types of sanitary facilities are to be installed for the proposed
operation? _____
- h) Do you feel there will be any problems such as odor, smoke, noise, light, or vibration resulting
from this operation? Yes _____ No _____
If yes, explain: _____
- i) Surface water drainage facilities (describe and/or include on site
plan): _____
Is a liquor license or any other special license to be obtained from the local Town Board or State
licensing agencies? Yes _____ No _____ If yes,
explain: _____
- j) Has Wisconsin Department of Commerce approved the building plans for this type of operation?
Yes _____ No _____
- k) Is this an expansion of an existing operation? Yes _____ No _____? If yes, are there currently any
other licenses and/or permits under other names, other than what is indicated on this application:

Names of permits or
licenses: _____