

**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 \$495.00 payable to the Town of Eagle.
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**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)

.....  
**FOR OFFICE USE ONLY**

Application reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Filed: \_\_\_\_\_

Notice Mailed: \_\_\_\_\_

Published: \_\_\_\_\_

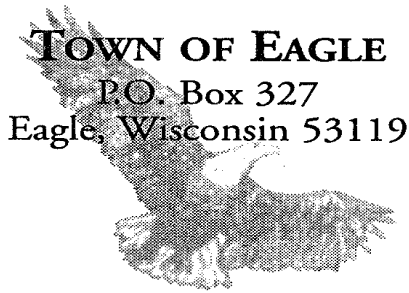
Public Hearing: \_\_\_\_\_

\_\_\_\_\_

Filing Fee (\$495.00) \_\_\_\_\_  
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: \_\_\_\_\_