

Village of Balsam Lake Planning Commission

PO Box 506, 404 Main Street Balsam Lake WI 54810
715-485-3424 Fax 715-485-9339 email vobl@lakeland.wi

Application for Conditional Use Permit

Non-refundable fee \$200.00

Application # _____

Property Owner: _____

Address: _____

City/State/Zip: _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Property Street Address: _____ RE Tax ID: _____

Present Use of Property: _____

Proposed Use of Property: _____

Present Zoning District: _____

Specify Reason for Conditional Use:

Applicant or Representative Signature

Dated: _____

For office use only:

Names and Addresses of all abutting and opposite property owners within 100 feet:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Address: _____ Tax ID #: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Address: _____ Tax ID #: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Address: _____ Tax ID #: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Address: _____ Tax ID #: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Address: _____ Tax ID #: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Address: _____ Tax ID #: _____

Application received: _____ Date of Planning Commission Meeting: _____

Planning Commission decision: **Approved or Denied**

Village Board decision: **Approved or Denied**

Planning Commission Fee paid: _____