

**Application for a Conditional Use Permit**  
Town of Frankfort – Pepin County, WI

For detailed requirements of a Conditional Use Permit, please refer to section 17.08 of the Town of Frankfort Zoning Code

**Contact Information** (please print)

Name of Applicant:

\_\_\_\_\_

Mailing address of Applicant:

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of property owner:

\_\_\_\_\_

Mailing address of property owner:

\_\_\_\_\_

Phone number: \_\_\_\_\_

**Property Information**

Existing Zoning: \_\_\_\_\_ Proposed zoning: \_\_\_\_\_

Tax ID number: \_\_\_\_\_

Legal description and size of parcel (in acres): \_\_\_\_\_

Current use of property: \_\_\_\_\_

Proposed conditional use of the property and/or building: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**General Provisions:** Any land use described in a zoning district section, or elsewhere in this ordinance as being a conditional use, must receive a conditional use permit (CUP). A CUP may be issued upon satisfaction of the requirements listed herein, in addition to all other requirements of this Ordinance. Each specific use shall be considered as an individual case.

**Required Information:** Anyone who requests a CUP shall submit a CUP Application Form to the Town Zoning Administrator. The Zoning Administrator, in collaboration with the Plan Commission, has the right to waive any of the application requirements if sufficient information is available to make an informed decision.

**CUP Application Form and Sketch Map:** The CUP Application requires this form in addition to the required information and attachments (sketch map) as specified in section 17.08 of the Zoning Ordinance.

**Required Fees:** Payable to the Town Treasurer as specified in the Town’s fee schedule.

**Submittal Process:** As per section 17.08 of the Zoning Ordinance

**Approval Process:** As per section 17.08 of the Zoning Ordinance

**Signatures**

By the execution of this application, applicant hereby authorizes the Town of Frankfort or its agents to enter upon the property for the purpose of inspection.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Amount of Fee Submitted: \_\_\_\_\_

**For Office Use Only**      Application Number: \_\_\_\_\_

Town Zoning Administrator: XXXX

Mailing Address: XXXX

e-mail Address: XXXX.com