

**Town of Winchester, County of Winnebago, State of Wisconsin**  
**APPLICATION for**  
**CONDITIONAL USE PERMIT**

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

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Name (if different from Owner): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address (if different from Owner address):

\_\_\_\_\_  
\_\_\_\_\_

Location of Property: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4, Section \_\_\_\_\_, Tax Parcel # \_\_\_\_\_

Acreage: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Proposed Zoning (check one): A-1 \_\_\_ A-2 \_\_\_ R-1 \_\_\_ R-2 \_\_\_ R-3 \_\_\_ R-4 \_\_\_ R-8 \_\_\_

M-1 \_\_\_ B-1 \_\_\_ B-2 \_\_\_ B-3 \_\_\_ I-1 \_\_\_ I-2 \_\_\_ PDD \_\_\_ **TRO** \_\_\_

Specify the Conditional Use being requested: \_\_\_\_\_

\_\_\_\_\_

as provided for in Section: \_\_\_\_\_ of Chapter 17: Zoning Regulations.

The property is presently used for the following purposes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is a Sign Permit required? Yes \_\_\_ No \_\_\_

Is a Site Plan Permit required? Yes \_\_\_ No \_\_\_

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The Conditional Use Permit is requested so that the property may be used in the following specific manner or for the following specific purposes: \_\_\_\_\_

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Additional Comments (if any) \_\_\_\_\_

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**Application Checklist:**

*(The Applicant shall submit fifteen (15) copies of the application packet. The Town of Winchester shall not accept any application for a zoning change until the application packet is submitted in its entirety)*

**Does this application for a conditional use include all of the required information and comply in all respects with the *Town of Winchester Bufferyards and Landscaping Guidelines* (please check one):** Yes \_\_\_ No \_\_\_

If no, please explain? \_\_\_\_\_

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**Does this application for a conditional use include all of the required information and comply in all respects with the *Town of Winchester Map Guidelines* (please check one):**

Yes \_\_\_ No \_\_\_

If no, please explain? \_\_\_\_\_

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Does this application for a conditional use include all of the required information and comply in all respects with the *Town of Winchester Parking Guidelines (please check one)*:

Yes \_\_\_ No \_\_\_

If no, please explain? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Application Fee:**  
(\$250.00)

**Check Number:** \_\_\_\_\_

**Total Amount:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

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

**Professional Services:** *All costs of professional services such as legal, engineering, and planning review; research; recording fees; and traffic control costs related to any action initiated by a responsible party, other than the Town, to be reviewed or acted upon by the Town of Winchester Plan Commission, Board of Appeals, or Town Board shall pass to the responsible party.*

*If a Certified Survey Map is required it must be submitted along with this application. The results of any required perk tests must also be included with this application. When submitting the required Certified Survey Map for a Minor Land Division, all items required in accordance with the Town of Winchester Land Division / Subdivision Ordinance must be submitted. Applicant shall submit fifteen (15) copies of the application packet. Return to Town Clerk, 8522 Park Way, Larsen, WI 54947.*

*If a special public hearing is needed the Town of Winchester shall require a fee of \$250 for each rezoning hearing, which must be included when returning this application. This covers the cost of publishing notices, which the Town Clerk will handle, and other zoning expenses.*