

# CONDITIONAL USE PERMIT APPLICATION

Town of Harmony Clerk  
Planning/Zoning Department  
S4102 County Road O  
Viroqua, WI 54665  
(608) 637-3420; harmonyclerk@tn.harmony.wi.gov

The undersigned owner, or owner's authorized agent, or property herein described hereby applies for a conditional use permit for the following described property:

**Name of Applicant:** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Location of Property:** \_\_\_\_\_

Street Address, Parcel Number and Legal Description, if available (attach if necessary)

**Current Use of Property:** \_\_\_\_\_

**Proposed Development Schedule:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

\*Attach copies of a site plan which shows any proposed land divisions, plus vehicular access points and the location and size of all existing and proposed structures and parking areas or other improvements. Any other pertinent information regarding this change in use would be helpful. Additional information may be requested.

**Residential Development (If Applicable):** Number of Dwelling Units by Bedroom:

**1BR** \_\_\_\_ **2BR** \_\_\_\_ **3BR** \_\_\_\_ **4BR or More** \_\_\_\_ No. of Parking Stalls: \_\_\_\_\_

**Type of NON-residential Development:** \_\_\_\_\_

**Respectfully Submitted By:** \_\_\_\_\_  
Applicant Signature Print Name

**NOTE:** Submissions shall be made at least two (2) weeks prior to the desired Board Meeting. Fee payment shall be submitted with application.

Applicants shall be responsible for legal or outside consultant cost incurred by the Township to complete a thorough review.

### For Township Use Only

Date Received: \_\_\_\_\_ Date Published: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Permit Request No.: \_\_\_\_\_