

TOWN OF SHERMAN

Sheboygan County
P.O. Box 88
Adell, WI 53001

Meeting Date & Time: _____
Required Fee: \$175 per request
Fee Payment Received: _____
Receipt Number: _____

CONDITIONAL USE PERMIT APPLICATION

Request Submitted by: Name _____
Address _____
City/State _____

Parcel Number of Premises of Application: 59028-_____ (located on tax bill)

Description of Premises: _____

Reason for Application: _____

Proposed Use of Premises: _____

- Required Items with Application:
- A plan drawn to scale of 1-inch equals 100 feet showing the area proposed for the conditional use permit
 - A list of property owners (in every direction) within 500 feet of the area

Applicant Signature _____ Date _____

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FOR OFFICE USE ONLY

Plan Commission recommendation: _____
Conditions: _____

Town Board Decision: _____
Conditions: _____

