REQUEST FOR CSM, CONDITIONAL USE, CHANGE OF USE, ZONING DISTRICT CHANGE, OR VARIANCE

MUNICIPALITY (CIRCLE ONE):	TOWN(ETZ)	CITY OF MINERAL POINT
PROPERTY ADDRESS:		_ PARCEL NO
LOT SIZE:		
PROPERTY OWNER:	AGENT ((IF DIFFERENT):
Name:		
Address:		
Phone:		
ACTION REQUESTED: Check Items Applicable: () CSM: (Certified Survey Map) Request () Conditional Use Permit: \$250.00 () Conditional Use Permit Renewal: \$25 () Zoning District Change: \$250.00 () Variance Request: \$300.00 REASON FOR REQUEST:		
Plat of survey, if requesting Zoning District Cha	inge or CSM s	hall be submitted.
Applicants are required to send certified letters record lying within 200 feet of area proposed fo change. Notice shall state meeting date, time, a Zoning Administrator and provided to applicant APPLICANT SIGNATURE(S):	r variance, coi and reason. T	nditional use or zoning district he notice will be prepared by the
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FOR OFFICE USE ONLY: APPLICATION APPROVED:		DATE:
APPLICATION DENIED:		DATE:
ZONING ADMINITRATOR SIGNATURE:		DATE: