

**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: \$250.00**
- Conditional Use Permit: \$250.00**
- Conditional Use Permit Renewal: \$25.00 for 2 years**
- Zoning District Change: \$250.00**
- Variance Request: \$300.00**
- Zoning Permit Flat Fee: \$25.00**

REASON FOR REQUEST:

Plat of survey, if requesting Zoning District Change or CSM shall be submitted.

Applicants are required to send certified letters to all opposite and abutting property owners of record lying within 200 feet of area proposed for variance, conditional use or zoning district change. Notice shall state meeting date, time, and reason. The notice will be prepared by the Zoning Administrator and provided to applicants to copy and send with certified letters.

APPLICANT SIGNATURE(S):

FOR OFFICE USE ONLY:

APPLICATION APPROVED: _____ **DATE:** _____

APPLICATION DENIED: _____ **DATE:** _____

ZONING ADMINITRATOR SIGNATURE: _____ **DATE:** _____