

WAUSEON PLANNING COMMISSION USE ONLY

\$200.00 Date paid _____ Receipt # _____

Date application was received _____

Conditional use approved _____ denied _____ for the following reasons: _____

Chairman _____ Date _____

**CITY OF WAUSEON
APPLICATION FOR A CONDITIONAL USE PERMIT**

Owner's Name _____ Phone # _____

Address _____

Legal Description of property requesting conditional use: _____

Present use: _____

Proposed used _____

Attach a list of names and addresses of all adjacent property owners:

Remarks _____

Owner's Signature _____ Date _____

NOTE: Permits issued pursuant to special permission granted by the Wauseon Planning Commission are valid only as long as any conditions stated in the Wauseon Planning Commission's decision are strictly adhered to.