

# PLANNING COMMISSION ADMINISTRATIVE APPLICATION

## Town of Milford, Jefferson County, Wisconsin

### Property Owner/Applicant Information:

\_\_\_\_\_  
Property Owners Names

\_\_\_\_\_  
Permit Applicant Names (If different then owner)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

### Property Location:

\_\_\_\_\_  
Parcel ID#

\_\_\_\_\_  
Property Address or Nearest Road(s)

### Type of Zoning Request:

\_\_\_\_\_ Rezoning--\$300.00 due at time of Application; \$300.00 due at time of final approval.

\_\_\_\_\_ Variance--\$150.00 due at time of Application

\_\_\_\_\_ Conditional Use Permit--\$150.00 due at time of Application

\_\_\_\_\_ Farm Consolidation--\$250.00 due at time of Application

**Please give a brief description of the request you are making and attach a diagram of the proposed changes.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### This Section For Office Use Only:

Date Application Filed: \_\_\_\_\_

Amount(s) Received: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_

Planning Commission Meeting Date(s): \_\_\_\_\_ Approved or \_\_\_\_\_ Denied

Conditions of Approval/Denial: \_\_\_\_\_

Town Board Meeting Date: \_\_\_\_\_ Approved or \_\_\_\_\_ Denied

Conditions of Approval/Denial: \_\_\_\_\_

\_\_\_\_\_  
Town of Milford Chairman Date \_\_\_\_\_

\_\_\_\_\_  
Town of Milford Clerk Date \_\_\_\_\_