

**MENOMINEE COUNTY
CONDITIONAL USE PERMIT REQUEST**

Owners Name: _____ Phone Number: _____

Address: _____

Legal Description: _____

Contractor's Name: _____ Phone Number: _____

Zoning Request: _____

Reason: _____

Estimated project cost: \$ _____

Date: _____ Signature: _____

* Attachments: Plot plan & Building plans

ZONING COMMITTEE

Date of publication of meeting: _____ Date of meeting: _____

Decision: _____ Granted _____ Granted on condition of _____

Denied because _____

Chairman of Zoning Committee: _____ Date: _____

Zoning Administrator: _____ Date: _____

Fee: \$ **150.00**

Permit #: _____

** Permit valid one year from date of issuance*