



## Conditional Use Permit Application

Applicant name \_\_\_\_\_

Applicant address \_\_\_\_\_

Phone \_\_\_\_\_

Property parcel number \_\_\_\_\_

Proposed change of use \_\_\_\_\_

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

CUP type

Temporary \_\_\_\_\_ Permanent \_\_\_\_\_

Days \_\_\_\_\_ Weeks \_\_\_\_\_

Months \_\_\_\_\_ Years \_\_\_\_\_

Permit expires upon change of ownership

Signature of owner \_\_\_\_\_

Date \_\_\_\_\_

Signature of authorized agent and title \_\_\_\_\_

Date \_\_\_\_\_

Permit issued upon approval of zoning committee and town board

Mail to: Town of Seneca Clerk

PO Box 94

Wisconsin Rapids, WI 54495