Village of Merrimac

100 Cook St. Merrimac, WI 53561

Phone: 608-493-2122 Fax: 608-493-9908

Email: merrimac@merr.com

CONDITIONAL USE PERMIT APPLICATION

The undersigned owner(s) or owner's authorized agent, of property herein described hereby applies for a conditional use permit for the following described property:

Location of Property/Street Address:		
Owner/s of Property:		
Business or Property Owner/s Address	SS:	
Phone Number:		
Email:		
Requestor's Signature:		
Zoning District of Property:		
Proposed Use of Property:		
Proposed Development Schedule:		
• •	hich shows any proposed land di ng and proposed structures and	ivisions, vehicular access points and the parking areas as appropriate.
Complete the following as Appropriat	te:	
No. of Dwelling Units by Bedroom: N	I/A1BR2BR	3BR 4 or More
No. of Parking Stalls:	_	
Proposed Hours of Operation:	No. of Employees:	
Floor Area:	No. of Parking Stalls:	
PLEASE NOTE: Applicants shall be	responsible for the conditi	onal use permit application fee and
meeting fees incurred by the Village.	Submissions shall be made	at least four (4) weeks prior to the
desired plan commission meeting date	ž.	
FOR VILLAGE USE ONLY:		
DATE RECEIVED:	PUBLISHED	
ODDINANCE SECTION NO	EEE DAID	PEOLIEST NO