

Town of Saratoga 1120 State Highway 73 South Wisconsin Rapids, WI 54494	CONDITIONAL USE PERMIT	Permit No. _____ Parcel No. _____
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Applicant – Print	Home Phone No. (____) _____ Cell Phone No. (____) _____
Address, City, State, ZIP Code	E-mail address

Legal Description: ____¹/₄, ____¹/₄, S ____, T ____, R 6 E Town of Saratoga
 Fire Number: _____
 Lot area & Dimensions: _____ acres/sq.ft. _____ x _____ ft. Zoning District: _____
 Current Use and Improvements: _____

Design/Practices Proposed:

Conditions for use:

ATTACH A SITE PLAN WITH DIMENSIONS AND A SKETCH SHOWING THE LOCATION OF ALL EXISTING AND PROPOSED BUILDINGS, DRIVEWAY, ADJACENT ROAD(S), SETBACKS FROM ALL LOT LINES AND ROAD RIGHT-OF-WAY

Expiration of permit. Any privilege granted by this permit must be exercised within __ months of the date of issuance after obtaining the necessary building, zoning and other required permits.

Expiration for Failure to Complete Work: If the applicant has not substantially completed work within two (2) years of the date of issuance of the conditional use permit the permit shall expire and the applicant shall restore the premises as appropriate and only engage in permitted uses.

Expiration for Failure to Engage in Conditional Use. If the applicant finishes the work and uses the property as allowed by the CUP, but later discontinues the allowed use for a period of two (2) or more years, then the CUP shall expire and be of no further force or effect.

Revocation. This permit may be revoked by the Town Board after notice and opportunity to be heard for violation of any of the conditions imposed.

Accepted by: _____ Date: _____

Approved by: _____ Date: _____

[Type text]