

# Town Of Niagara USE APPLICATION

Bob Grandaw, Zoning Administrator

N17221 Lily Lake Rd

Dunbar, WI 54119

715-548-1058

[townofniagara21@gmail.com](mailto:townofniagara21@gmail.com)

FEE \$ \_\_\_\_\_

Date: \_\_\_\_\_

Type of Use:

Land

Conditional

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address of property Use pertains to: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

Legal description of property: \_\_\_\_\_ 1/4 of \_\_\_\_\_; Sect. \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_

Present District (circle one): R1 R2 A1 B1 F1

Present Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Are "special conditions" recommended? (circle one) Yes No

(If "Yes," attach letter of special conditions to this form.)

If business, number of employees: \_\_\_\_\_

## **APPLICATION CHECKLIST:**

Have you completed application to its fullest?

Have you included zoning map of location?

Have you included any special recommendations, if needed?

Have you listed the name, address and telephone number of the applicant?

If the applicant is not the owner of the property, please include evidence of the consent and authority to act for the owner.

Has the applicant signed the application form?

If the applicant is a corporation, have you put the corporate seal on the application?

APPLICATION FEE attached? Made out to Town of Niagara

Have you included a site plan of the property?

Have you attached a design plan, showing size, what it will look like, landscaping, parking, driveway, etc?

Additional information may be required by the Town Planning Commission or Zoning Administrator.

Applicant shall comply with the Town of Niagara Zoning Ordinance(s), Marinette County Shoreline, Wetland and other County Ordinances, Department of Natural Resources and any State Ordinances.

We, the undersigned, do attest to the truth and correctness of all facts and information presented with this application.

Property Owner's Signature: \_\_\_\_\_

Applicant's Name (if different from the owner): \_\_\_\_\_

I hereby certify that I am authorized to represent all the property owners of the above described tract in this proceeding.

Applicant Signature: \_\_\_\_\_

**Town of Niagara Action**

Hearing Date: \_\_\_\_\_ Hearing Time: \_\_\_\_\_

**Zoning Administrator Recommendation:**

Approved

Denied

Date: \_\_\_\_\_

**Plan Commission Recommendation:**

Approved

Denied

Date: \_\_\_\_\_

**Town Board Recommendation:**

Approved

Denied

Date: \_\_\_\_\_