



## TOWN OF LAWRENCE CONDITIONAL USE PERMIT APPLICATION FOR PLANNING AND ZONING

### GENERAL INFORMATION

<b>Purpose:</b>	Any person having a freehold interest in land, or a possessory interest entitled to exclusive possession, or a contractual interest which may become a freehold interest or an exclusive possessory interest, and which is specifically enforceable, may file an application to use such land for one or more of the conditional uses provided for in this chapter in the zoning district in which the land is located.
<b>Fee:</b>	\$300.00
<b>Meeting Dates/Times:</b>	Meetings of the Planning and Zoning Board occur the second Wednesday of each month at the Lawrence Town Hall, 2400 Shady Ct., De Pere, WI 54115 at 6:00pm. Submit application seven (7) days prior to the meeting.
<b>Application/Information Submittal:</b>	A completed application along with the appropriate fee must be submitted to the Town's Business Office. One <b>(1) complete copy</b> of the information being presented to the Board must be included with the application along with a .pdf copy via email (permit@lawrencewi.gov). A representative is required to attend and present the information at the meeting.
<b>Ordinance:</b>	<u><a href="#">§ 300-205 Conditional Uses</a></u>

READ ALL INSTRUCTIONS PROVIDED BEFORE COMPLETING. IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL PAGES.

### SECTION 1: APPLICANT INFORMATION

Applicant Name:		
Mailing Address:		
City:	State:	ZIP Code:
Email:		
Phone Number:		

### SECTION 2: LANDOWNER/DEVELOPER INFORMATION (IF DIFFERENT FROM APPLICANT)

Owner/Developer Name:		
Mailing Address:		Email:
City:	State:	ZIP Code:
Email:		
Phone number:		

### SECTION 3: PROJECT OR SITE LOCATION

Project Address:	Parcel #(s):
Parcel Size:	
Current Zoning District:	Frontage:



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Legal Description:

### SECTION 4: ADDITIONAL INFORMATION

Describe Purposed Plan:

Prepare and submit an electronic copy of the sign plan detailing your request completely and any additional information which will support your application.

Signature of Applicant:

Date:



### \*\*\*FOR OFFICE USE ONLY\*\*\* APPLICATION/PAYMENT RECEIVED BY

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

Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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

District: \_\_\_\_\_ Zoning: \_\_\_\_\_

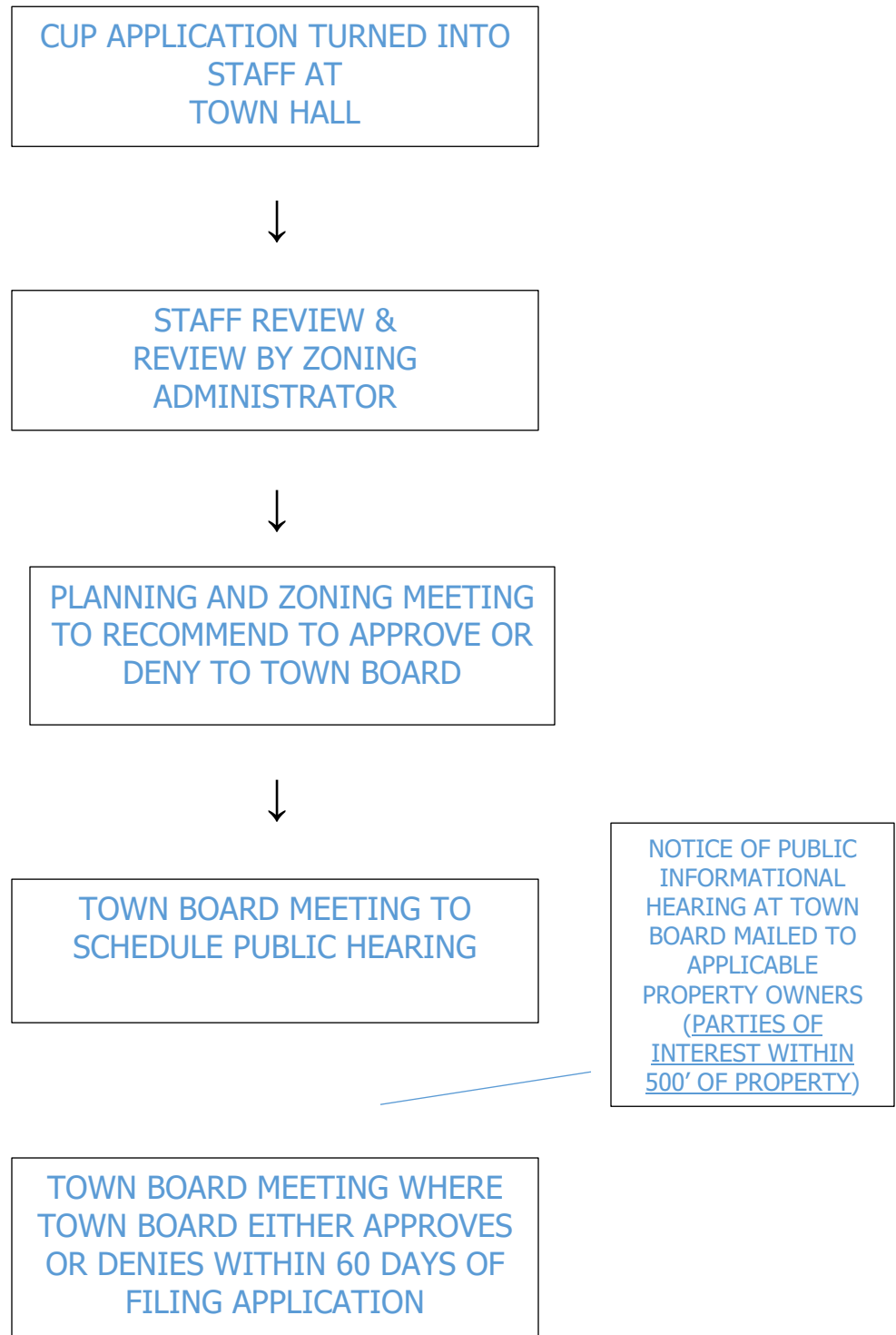
Permit #:

Parcel #:



2400 Shady Court \* De Pere, WI 54115 \* Phone: (920) 336-9131 \* Fax: (920) 336-9193

## Conditional Use Permit Review Flowchart



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**Recommendation by Planning and Zoning**

Planning and Zoning meeting Date: \_\_\_\_\_

Recommended Action:

\_\_\_\_\_

Recommended Conditions:

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

Vote: \_\_\_\_\_

\_\_\_\_\_

*Authorized Signature*

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**Decision by Town Board**

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

Discussion:

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

Recommended Conditions:

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

Permit Expiration: \_\_\_\_\_

Vote: \_\_\_\_\_

\_\_\_\_\_

*Authorized Signature*