

## TOWN OF CLYMAN ZONING PERMIT & LAND DIVISION APPROVAL APPLICATION

<b>Applicant</b>	Last Name	First Name	Telephone #
	Street Address		City, State, Zip

<b>Property Owner</b>	Last Name	First Name	Telephone #
	Street Address		City, State, Zip
<input type="checkbox"/> Ck. if same as applicant			

<b>Agent</b>	Last Name	First Name	Telephone #
	Street Address		City, State, Zip
<input type="checkbox"/> Ck. if same as applicant			

<b>Property Description</b>	Parcel ID No.		Street Address (if any)
	012-1015- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> Ck. if separate legal description attached			
___ 1/4 of the ___ 1/4 of Section _____		Subdivision Name or CSM #	

**INTENDED USE OR DEVELOPMENT OF PROPERTY**  
(Check all that apply for this application)

<input type="checkbox"/> Agricultural Bldg or Structure	<input type="checkbox"/> Commercial or Industrial Bldg
<input type="checkbox"/> Residential Dwelling or Accessory Bldg.	<input type="checkbox"/> Outdoor Sign
<input type="checkbox"/> Lot Division by Certified Survey Map (CSM)	<input type="checkbox"/> Lot Division by Subdivision Plat

**Please Describe Intended Use of Property in Detail**

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**CHECK HERE FOR ALL PERMITS AND APPROVALS REQUIRED/REQUESTED**

<input type="checkbox"/> Zoning Permit	\$ 10
<input type="checkbox"/> Conditional Use Permit	\$200
<input type="checkbox"/> Certified Survey Map	\$150
<input type="checkbox"/> Subdivision Plat	\$500
<input type="checkbox"/> Rezoning Petition	\$200
<input type="checkbox"/> Sign Permit	\$ 25
<input type="checkbox"/> Site & Operation Plan Approval	\$200
<input type="checkbox"/> Other	\$ ____
<b>Total Fees Due</b>	<b>\$ ____</b>

**Fees Paid by:**

Cash

Check No. \_\_\_\_\_

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

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Received by: \_\_\_\_\_

**AFFIDAVIT**

I (we) attest that I am (we are) the owner(s) of the property which is the subject of this application in the Town of Clyman, Dodge County, Wisconsin, and that all the information attached to or provided in support of this Application are honest and true to the best of my (our) knowledge and belief;  
**Further**, I (we) as owner(s) of the subject property, understand that this application and all supporting information required pursuant to the Town's Zoning and Land Division Ordinances must be complete and accurate, as determined by the Town Clerk, Plan Commission or other applicable official; for the Town before this Application can be processed and reviewed by the Town;  
**Further**, I (we) as owner(s) of the subject property, acknowledge and accept responsibility for the payment of any fees charged and for costs incurred by the Town to process and review this Application, and regardless of whether or not this Application is approved, the Town has the right to retain that portion of said fees and costs for processing and reviewing this Application;  
**Further**, I (we) as owner(s) of the subject property, authorize the Agent(s) identified above to act as my (our) representative(s) in any matter regarding this Application unless otherwise stated; and  
**Further**, I (we), as owner(s) of the subject property, understand that I am (we are) responsible for applying for and securing all other permits and/or approvals required from any and all other State, Federal and County agencies concurrent with or prior to the submission of this Application.

Property Owner \_\_\_\_\_ Property Owner \_\_\_\_\_  
 The foregoing application was sworn to and acknowledged before me on \_\_\_\_\_, 200 \_\_\_\_.

Notary Public, My Commission Expires: \_\_\_\_\_