



W2004 County Road S - PO Box 1007 - Freedom, WI 54131
920-788-4548 phone - 920-788-7550 fax
deputyclerk@townoffreedom.org - www.townoffreedom.org

**Conditional Use – Shoreland Permit Application
(Submit 15 copies of Drawings)**

Property Owner(s): _____

Address/City/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Applicant (if other than Owner): _____

Check: Architect ___ Engineer ___ Surveyor ___ Attorney ___ Agent ___

Address/City/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

I/we certify the attached drawings are to the best of my/our knowledge complete and drawn in accordance with all codes.

Owner Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Conditional Use Specifics:

Tax Key No.(s): _____

Address of Property: _____

Underlying Zoning District: _____

Shoreland Zoning District: _____

Current Use: _____

Proposed Conditional Use (check one or both as applicable):

_____ Filling, Grading, Lagooning, Dredging, Ditching and/or Excavating *(on a attached sheet, provide the information necessary for the Town to determine compliance with Section 16.23(2) in the Outagamie County Shoreland-Wetland Ordinance)*

_____ Conditional Use in the Shoreland District *(on an attached sheet, provide the information necessary for the Town to determine compliance with Section 16.28(2) in the Outagamie County Shoreland-Wetland Ordinance)*

For Town Use Only

| | | | |
|--|----------------|--------------------|-------------|
| Fee: _____ | Acct No: _____ | Receipt: _____ | Date: _____ |
| Date Rec'vd Complete: _____ | By: _____ | Applic. No.: _____ | |
| Neighbors within 300 feet notified: _____ | | | |
| Review by Plan Commission: _____ | | | |
| Recommendation to: Approve _____ Approve with Conditions _____ Deny _____ | | | |
| Review by Town Board: _____ | | | |
| Conditional Use is: Approved _____ Approved with Conditions _____ Denied _____ | | | |
| Comments: _____ | | | |