

# VILLAGE OF ELLSWORTH

- PLAN COMMISSION REVIEW APPLICATION
- ETZ REVIEW APPLICATION

Applicant's Name:	Telephone No. Fax No.	
Address:		
Property Owner:	Telephone No. Fax No.	
Address:		
Request for:		
<input type="checkbox"/> Zoning District Change (\$350)	<input type="checkbox"/> Plan Commission (\$300)	
<input type="checkbox"/> Special Use Permit (\$75)	<input type="checkbox"/> Board of Appeals (\$300)	
<input type="checkbox"/> Conditional Use Permit (\$75)	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Certified Survey Map Approval (\$300)	_____	
<input type="checkbox"/> ETZ Zoning District Change (Village Of Ellsworth/Township) (\$375)		
Area:		
<input type="checkbox"/> Village Of Ellsworth	<input type="checkbox"/> Town of Ellsworth	
<input type="checkbox"/> Town of Trimbelle		
Status of Applicant:		
<input type="checkbox"/> Owner	<input type="checkbox"/> Agent	
<input type="checkbox"/> Buyer	<input type="checkbox"/> Other	
Present Zoning:	Zoning Requested:	
Uses Proposed:	Acreage(s):	
Location:		
Legal Description: (Attach legal if needed)		
_____		
_____		
_____		
The undersigned applicant or representative, thereof, certifies that he/she is familiar with the State and local code applicable to this request, the procedural requirements of the Village and/or Township, and all other application Village ordinances.		
Signature of Applicant/Representative:		
(print) _____	Date _____	
(signature) _____	Date _____	
Application received by:	Date _____	
Fees Paid and Date:		
Zoning District Change	\$ _____	Date _____
Special Use Permit	\$ _____	Date _____
Conditional Use Permit	\$ _____	Date _____
Certified Survey Map Approval	\$ _____	Date _____
ETZ Zoning Change	\$ _____	Date _____
Plan Commission	\$ _____	Date _____
Board of Appeals	\$ _____	Date _____
Other	\$ _____	Date _____