



104 Peter Thein Ave  
 Belgium, WI 53004  
 262-285-7931 FAX 262-285-3479

## PERMIT APPLICATION

Request For (Please check box)

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

- |                                                                |              |                                                                                     |               |
|----------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------|---------------|
| <input type="checkbox"/> Zoning District Change                | <b>\$200</b> | <input type="checkbox"/> Temporary Construction Offices and Shelters                | <b>no fee</b> |
| <input type="checkbox"/> Ordinance Text Amendment Attachment 1 | <b>\$200</b> | <input type="checkbox"/> Special Events (Include copy of Cert. Liability Insurance) | <b>\$20</b>   |
|                                                                |              | Date of Special Event: _____                                                        | Time: _____   |
| <input type="checkbox"/> Variance                              | <b>\$200</b> | <input type="checkbox"/> Temporary Storage Containers                               | <b>no fee</b> |
| <input type="checkbox"/> Conditional Use                       | <b>\$200</b> | <input type="checkbox"/> Other: _____                                               |               |

Applicant or Agent

Property Owner

Name	Name
Address	Address
Signature	Signature
Phone #	Phone #
E-Mail	Email

Property Address: \_\_\_\_\_

Tax Key Number: \_\_\_\_\_

Description/Purpose: \_\_\_\_\_

Signature of Village Clerk \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Plan Commission Meeting	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
2 <sup>nd</sup> Plan Commission Meeting	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Village Board Meeting (If Needed)	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Published Legal Notice **Will Be Invoiced	Date: _____		
Hearing	Date: _____		
Fee:	Date Paid: _____	Check Number: _____	