

CITY OF HUDSON, WI

Application for **CONDITIONAL USE PERMIT**

(As per Municipal Code §§ 255-76, 255-85, 255-88 and 255-89)

Date _____

Applicant Name _____

Mailing Address _____

Phone/Fax Number _____

email _____

Project Name _____

Project Location _____

FILING FEE \$ 200.00

REVIEW DEPOSIT 200.00

Total Payment \$ _____

Number of plan copies to be submitted are seven (7) 24" by 36" and one (1) 11" by 17".

Applicant

Application # _____ Receipt # _____ Date _____

5/16/05
FORMS\APPCUP