

TOWN OF BAYFIELD PLAN COMMISSION REQUEST FORM

The undersigned hereby requests to be placed on the agenda of the next regularly scheduled monthly meeting of the Town of Bayfield Plan Commission for the purpose of discussion and review of the undersigned's potential application to the Bayfield County Planning and Zoning Department for the following:

_____ Conditional Use Permit _____ Special Use Permit (Class A) _____ Other
_____ Zoning Change _____ Special Use Permit (Class B)

Property Owner _____

Agent/Contractor _____ Telephone # _____

Contact Address: _____

Property Address: _____

Legal Description: _____

Currently Zoned as: _____ Acreage: _____

Describe request: _____

(If necessary, continue description of request or legal description on attachment)

A map, plat, or diagram must accompany this form.

Owner/Agent Signature _____ Date _____

PLEASE NOTE: This form must be received by the Plan Commission Chair at 85450 County Hwy. J, Bayfield, WI 54814) at least seven (7) days prior to the next regularly scheduled monthly meeting of the Commission. The Plan Commission will review the proposal with the Owner or Agent for compatibility with the Town of Bayfield's Comprehensive Plan. A recommendation from the Plan Commission to the Bayfield Town Board will not be made until Owner submits an application to the Bayfield County Planning and Zoning Department.

Date Received _____
_____ Chair, Town of Bayfield Plan Commission