

**REQUEST TO VILLAGE OF SCANDINAVIA PLAN COMMISSION FOR
CONDITIONAL USE PERMIT REQUEST**

PROPERTY OWNER

PROPERTY OWNER'S AGENT

Name _____ Name _____

Address _____ Address _____

(City, State, Zip Code)

(City, State, Zip Code)

Telephone _____ Telephone _____

REQUESTED CHANGE: (State briefly what is being requested and why)

PROPERTY LOCATION & DESCRIPTION:

Lot _____ Block _____ Subdivision _____

Legal Description of the Property _____

Address of Property _____

Signature of Property Owner _____ Date _____

The current property owner shall acknowledge a Permit Request on behalf of an agent (i.e., prospective buyer) prior to submission of request.

.....
Disposition:

Date Notices Mailed _____ **Date Notices Posted** _____

Date of Request _____ **Date of Hearing** _____

Commission Action _____ **Date of Action** _____

Village Board Action _____ **Date of Action** _____

.....
Non-refundable Fee Required for Permit Requests Paid On _____

\$150.00 Special Meeting

\$75.00 Scheduled Meeting