

BROWN COUNTY PLANNING & ZONING COMMISSION

APPLICATION FOR SPECIAL EXCEPTION/CONDITIONAL USE

DATE _____ FEES: _____
RECEIPT # _____ PAID: YES NO
TOWNSHIP: _____ DATE: _____

TO: BROWN COUNTY PLANNING & ZONING COMMISSION

The undersigned do hereby request: _____

LEGAL DESCRIPTION: _____

OWNERS NAME: _____
OWNERS ADDRESS: _____
OWNERS CITY, STATE, ZIP: _____
OWNERS PHONE: _____

AGENTS NAME: _____
AGENTS ADDRESS: _____
AGENTS CITY, STATE, ZIP: _____
AGENTS PHONE: _____

SIGNATURE: _____

Planning Commission Action:	Approved	or	Denied
By: _____	Date: _____		
HEARING DATE: _____	TIME: _____		