Town of Chase
Plan Commission
Application Form

For: **REZONE / CONDITIONAL USE PERMIT / CERTIFIED SURVEY / PLAT REVIEW**
(Circle the application type needed)

FILL IN THE FOLLOWING INFORMATION:

PROPERTY OWNER NAME: _____

ADDRESS: _____

_____

PHONE NUMBER: _____ **OR** _____

APPLICANT NAME (If different from owner): _____

ADDRESS: _____

_____

PHONE NUMBER: _____ **OR** _____

EXISTING ZONING: _____

PROPOSED USE: _____

EXISTING USE: _____

ACREAGE OF PROPOSAL: _____

LOCATION OF PROPERTY: _____

TAX PARCEL NUMBER(S): _____

MAIL CHECK & SIGNED APPLICATION TO DEPUTY CLERK: JEANNE WROBLEWSKI
7793 COUNTY ROAD S, SOBIESKI, WI 54171

FEES	REZONE	CONDITIONAL USE	CERTIFIED SURVEY	PLAT REVIEW
	$150.00	$150.00	$150.00	$500.00

Office Use Only
Date Received: _____ Date Fees Paid: _____ Added to Schedule: [ ] Yes [ ] No
Plan Commission Meeting Date: _____ (1st Wednesday after the 1st Monday of every month at 7:30 pm)