Village of Birchwood PO BOX 6 101 N. Main Street Birchwood, WI 54817



Phone: (715) 354-3300 Fax: (715)354-7500 ashley@birchwoodvillagewi.co

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## Village of Birchwood Classification of an Unlisted Use Application

## **Applicant Information**

□ Property Owner □ Contract Buyer □ Option	Holder □ Agent □	Other
Applicant Name	Phone	
Contact Name	Phone	
Address	City, State, Zip	
Contact Email		
<b>Property Owner Information</b>		
Property Owner Name	Phone	
Contact Name	Phone	
Address	City, State, Zip	
Contact Email		
Site Location and Description (If metes and bounds description, indicate on separate sheet)		
Property Address	City, State, Zip	
Assessor Map No	Total Site Area	
Subdivision		
Comprehensive Plan Designation		esignation

## 1. Describe the proposed use:

2. State the zoning and current uses on the surrou Zoning	nding properties: Use
North South East West	
3. Describe the intensity, density, and off-site impermitted and conditionally permitted uses in the	• •
4. The use is consistent with the intent and purpo	se of the applicable zoning district as follows:
In addition to this completed application, the app  Other data or information which would help so  Payment of the applicable fees, which can be to website, www.birchwoodvillagewi.com.  I certify that the statements contained herein, along	licant must provide the following: abstantiate or clarify your request. Found at the Village Hall or on the Village
In addition to this completed application, the app  Other data or information which would help so  Payment of the applicable fees, which can be to website, www.birchwoodvillagewi.com.  I certify that the statements contained herein, along true and are correct to the best of my knowledge  Applicant Signature  Property Owner's Signature	licant must provide the following: abstantiate or clarify your request. Found at the Village Hall or on the Village and with the evidence submitted, are in all respects and belief.  Date
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