

**Town of Winchester, County of Winnebago, State of Wisconsin
APPLICATION for
TEMPORARY USE PERMIT**

Date: _____

Owner Name: _____

Address: _____

Phone: _____ Email: _____

Applicant Name (if different from Owner): _____

Phone: _____ Email: _____

Property Address (if different from Owner address):

Location of Property: _____ $\frac{1}{4}$ _____ $\frac{1}{4}$, Section _____, Tax Parcel # _____

Acreage: _____

Current Zoning (check one): A-1 ___ A-2 ___ R-1 ___ R-2 ___ R-3 ___ R-4 ___ R-8 ___

M-1 ___ B-1 ___ B-2 ___ B-3 ___ I-1 ___ I-2 ___ PDD ___ **TRO** ___

Specify the dates of operation for the proposed Temporary Use:

Month _____, Days _____ through _____, Year _____

Specify the Temporary Use being requested: _____

as provided for in Section: _____ of Chapter 17: Zoning Regulations.

The property is presently used for the following purposes: _____

Is a Sign Permit required? Yes ___ No ___

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The Temporary Use Permit is requested so that the property may be used in the following specific manner or for the following specific purposes: _____

Will this use require or include an amplified sound system? Yes ____ No ____

If yes, will it include (check all that apply):

Music ____ Speaking ____ Rides ____ Games ____ Other ____

What type of amplification will be used? _____

Will security personnel be employed for this event? Yes ____ No ____

What sanitary facilities will be available to the public? _____

Additional Comments (if any) _____

Does this application for a temporary use include all of the required information and comply in all respects with the *Town of Winchester Bufferyards and Landscaping Guidelines* (please check one): Yes ____ No ____

If no, please explain? _____

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Does this application for a temporary use include all of the required information and comply in all respects with the *Town of Winchester Map Guidelines (please check one)*:

Yes ___ No ___

If no, please explain? _____

Does this application for a temporary use include all of the required information and comply in all respects with the *Town of Winchester Parking Guidelines (please check one)*:

Yes ___ No ___

If no, please explain? _____

Application Fee:
(\$15.00)

Check Number: _____

Total Amount: _____

Applicant Signature: _____

Date: _____

Professional Services: *All costs of professional services such as legal, engineering, and planning review; research; recording fees; and traffic control costs related to any action initiated by a responsible party, other than the Town, to be reviewed or acted upon by the Town of Winchester Plan Commission, Board of Appeals, or Town Board shall pass to the responsible party.*

Applicant shall submit fifteen (15) copies of the application packet. Return to Town Clerk, 8522 Park Way, Larsen, WI 54947.