

TOWN OF LEEDS - COLUMBIA COUNTY

Town of Leeds Plan Commission

Application for Permit or Variance

N1485 Pribbenow Drive

Arlington, WI 53911-9752

Telephone = 608-635-8878 or 608-635-2302

E-Mail townofleeds@centurytel.net

The applicant hereby authorizes access to the property described herein, by authorized representatives of the Town of Leeds Plan Commission, for the purpose of gathering or verifying information relating to the application, and for verifying compliance with any approval or permit that may be granted.

Signature _____ Date _____

Please print the following information:

1. Owner _____

Co-Applicant _____

2. Mailing Address _____

3. City, State, Zip _____

4. Location of Affected Property _____

5. Phone (home) _____ (work) _____

6. Parcel # _____ Section _____

7. _____ 1/4 of _____ 1/4 Acreage _____

8. Town _____ N Range _____ E

I am applying for the following:

Please check appropriate Box:

*Rezoning--\$300.00 _____

*Variance--\$200.00 _____

*Conditional Use Permit--. \$200.00 _____

*Conditional Use Renewal--\$200.00 _____

*Combination (Rezoning, Variance
Or Conditional Use Permit)--\$300.00 _____
PLUS Escrow = \$1,500.00

CSM Approval--\$500.00 _____
PLUS Escrow = \$1,500.00

**Application & fees due 21 Days Prior to the
Plan Commission Meeting (1st Monday)
Please make checks payable to **Town of Leeds****

ATTACH ALL MAPS, DRAWINGS, SURVEY MAPS OR OTHER RELEVANT DATA WITH THE APPLICATION
Report of Title/Title Commitment and Environmental Impact Assessment are REQUIRED with a CSM
***ANY COST INCURRED BY THE TOWN OF LEEDS ABOVE THE BASE FEE WILL BE CHARGED TO THE APPLICANT**
Any other zoning request required by Columbia County may have a fee set by the Town Board.

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For Office Use Only

Application received this ____ day of _____, 20__ Application Fees Paid \$ _____

Notes: _____

Linda Foley, Clerk