



# CITY OF NEW HOLSTEIN PLANNING ADMINISTRATIVE FORM

2110 WASHINGTON ST • NEW HOLSTEIN WI 53061 • 920.898.5766 • FAX 920.898.5879

GENERAL INFORMATION (please type or print)		
Application No.	Property Tax #	Date Filed:
Applicant Name	Phone	e-mail
Owner Name (if different than Applicant)	Phone	e-mail
Type of request: <input type="checkbox"/> Rezoning <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> - Have they received their approval from the State?	<input type="checkbox"/> Application for Planned Unit Development (PUD) <input type="checkbox"/> Filing of Appeal <input type="checkbox"/> Application for Home Occupation	Current Zoning Code:
Legal Description of the Property:		
Address of the Property:		
Description of Request:		
<b>Home Occupation Applicants:</b> Describe your proposed business and the business activity, list products for sale and/or offered for rental as part of this business, list materials, equipment kept on-site and used for this business, list mechanical equipment and hand-tools used on-site as part of this business and list type and quantity of solvents, paints, or other hazardous chemicals used on-site as part of this business: (may be attached as a separate sheet)		
Will a non-family member be employed at this business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where will they park their vehicle:		
Will clients be coming to this site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer the following questions: a. By appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No b. How many clients will be on-site at any one time? _____ c. How many clients will visit the on-site business per day? _____ d. Where will the clients park their vehicles? _____		
Business Hours of Operation _____ am/pm to _____ am/pm		
Any interior or exterior alterations or construction required for this business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		

\_\_\_\_\_  
Signature of Applicant

Date of Plan Commission Meeting:	Date of Board of Appeals Meeting:
Date of Public Hearing:	Letters mailed to surrounding neighbors (if required) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved <input type="checkbox"/> Denied By the Planning Commission on _____ (date) Send to the Council for final approval on _____ (date)	
Subject to the following conditions:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied By the Board of Appeals or be the Common Council on _____ (date)	
Subject to the following conditions:	
Comments:	