



Successor Conditional Use Extension Form

Applicant Information	
Date:	
Site Address:	
Applicant Name (if other than owner):	
Applicant Address:	
Applicant Phone:	
Owner/Corporation/LLC Name:	
Owner Address:	
Owner Phone:	
Contact Person:	Email:
Contact Phone:	Mobile:

I attest all of the above information is true and accurate.

Applicant Signature (if different than Owner)	Date
Property Owner Signature	Date

TO BE COMPLETED BY THE CITY

Received By: _____ Date Received: _____

\$100 Fee Paid via Cash, Card or Check # _____ Receipt # _____

(Fees applicable per City of Watertown Code Chapter 550-157)

Authorized by Zoning Administrator _____

Current Recorded Document #: _____ Parcel # _____