



THE CITY OF
WATERTOWN

City Engineering Department

106 Jones Street
PO Box 477
Watertown, WI 53094

(920) 262-4060

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

Owner Signature

Date

TO BE COMPLETED BY THE CITY

Received By: _____

Date Received: _____

\$100 Fee Paid via Cash or Check # _____

Receipt # _____

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

Authorized by Zoning Administrator _____

Current Recorded Document #: _____ Parcel # _____