

l.	APPLICANT INFORMATION
	Name: Frank Murry IT
	Address: Paralle 1045/ E State St., Mauston, M
	Address: 1045/ E State St. Mauston, W. Telephone: 108-350-6779 Fax:
II.	PROPERTY OWNER INFORMATION (if different from Applicant)
	Name:
	Address:
	Telephone:Fax:
III.	<b>CONSULTANT(S) INFORMATION</b> (Applicant's Architect, Engineer, Developer, Builder) (Attach additional sheets if necessary)
	Name:
	Address:
	Telephone:Fax:
	State License/Certification #:Expiration Date:
IV.	PROPERTY INFORMATION
	Address:
	Tax Parcel #: 292510300. > Attach a copy of the Owner's deed to the property.
	Approximate Cost of Project:
V.	<b>ZONING APPLICATION</b> (Check the type(s) of application(s) you are submitting) (Refer to Zoning Ordinance Chapter 114, Article. VIII: Procedures and Administration, for details
	Amendment of Zoning Regulations (per Section 114-285)  (Checklist No.)
	Amendment to the Official Zoning Maps (per Section 114-286)
	Zoning Permit for (check as appropriate)
	Permitted Use (per Section 114-287) (May require site plan) 3
	Conditional Use (per Section 114-288) (Requires site plan) 4 and 7
	Temporary Use (per Section 114-289)
	Sign Permit (per Section 114-290)
	Site Plan Approval (per Section 114-291) 7
	Zoning Certificate of Occupancy (per Section 114-292) na
	Variance (per Section 114-293) (Requires site plan)
	Ordinance Interpretation (per Section 114-294)
	Appeal of Zoning Decision (per Section 114-295)
	Creation of Planned Development District (per Section 114-296)
	Other Permits/Licenses (D.P.W./Fire/Clerk)

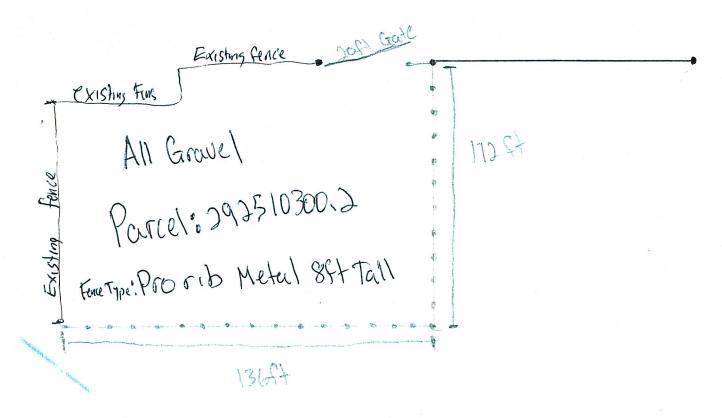
### VI. CERTIFICATION BY APPLICANT AND PROPERTY OWNER

I (We) hereby certify that the above and foregoing information, including any information on attached forms, documents or drawings submitted herewith, is true and correct. I (We) understand that the work proposed to be performed and the improvements proposed to be installed pursuant to this application, may not be commenced until an appropriate permit for such work and improvement has been issued by the City. I (We) understand that all work performed and improvements installed pursuant to this application, must conform with all applicable City Ordinances, State Building Codes, and the specific terms and conditions of the permit granted. I (We) understand that the submission of false or misleading information on this Application, or on the forms, documents or drawings submitted herewith, shall justify rejection of this application by the City, forfeiture of the fees pair herewith, and rejection of any future application to the City for the project which is the subject of this application.

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Signat	ure of applicant	Date	
Signat	ure of Property Owner (if different from Applicant)	Date	
VII.	AGREEMENT REGARDING PAYMENT OF REIMBURSABLE COSTS		
1.	The undersigned acknowledge that he/she/they have read the Ordinance 114-301(d), and understand and agree that he/she/they are the" applicant" as referred to in said Ordinance, and do hereby agree to comply with said Ordinance.		
2.	The undersigned agree that the submittal of this A acknowledgment and agreement by the undersigned to referred to in Ordinance 114-301(d). These costs may in the City Staff and the Fees of Engineers, Architects, Planners, Attorneys, Accounts, or other professional context evaluate the Application, and to meet with the Applicant, Plan, and to meet with the Developer, to meet with the the City in all aspects of review and action upon the developer.	o pay the Reimbursable Costs aclude the cost of time spent by Landscape Architects, Urban onsultants used to review and to review and evaluate the Site Plan Commission, and to assist	
3.	<ul><li>The Undersigned agrees to pay these Reimbursable Costs as follows:</li><li>(a) In advance, such amounts as may be requested by the City, and</li><li>(b) Within ten (10) days of receipt of a bill(s) from the City, such additional amounts as may be requested by the City.</li></ul>		
The Chearing	City may delay acceptance or approval of any application or interim administrative action on any application, unit	on, or may delay any required til such time as such costs are	
Z	AMIL 6	117/14	
Signat	ure of applicant	Date	

Date

Signature of property owner (if different from applicant)



# CITY OF MAUSTON NOTICE OF PUBLIC HEARING

## **CONDITIONAL USE PERMIT**

Notice is hereby given that a public hearing will be held before the City Council of the City of Mauston on August 13, 2024, at 6:30 P.M. or soon thereafter as the matter may be heard in the Council Chambers, City Administration Offices, 303 Mansion Street, Mauston, WI for the purpose of hearing all interested parties, their attorneys or agents with respect to the application submitted by Frank Murray Jr., CJJ's Towing and Auto Repair for continued operation of a towing and repair company which shall incorporate outdoor service, maintenance, and repairs as well as outdoor vehicle storage on the vacant parcels across the street from 1045 E State Street. The property is more precisely identified by the following tax parcel ID numbers:

## 292510300.2, 292510301, and 292510302

The City of Mauston will attempt to accommodate anyone with special needs if requests are made a sufficient time in advance. The City Clerk can be reached at: 608-847-6676.

Dated this 18th day of July 2024.

Allison Schwark Zoning Administrator

Publish 2x: 07/25/24 & 08/01/24 Juneau County Star-Times