Town of West Bend - Washington County, Wisconsin APPLICATION for CONDITIONAL USE PERMIT

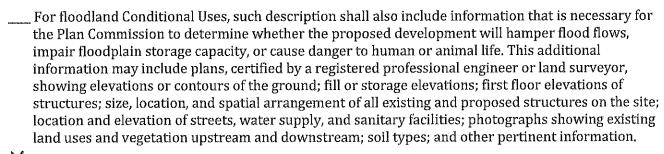
Name of Property Owner: John + Donna Lobaito					
Address: 5615 Peters Drive West Bend WI 53095					
Phone: 847-833-0638 Email: 10bait 7 @ gmail. Com					
Name of Applicant (if different from Property Owner): Joseph Douglas Hames UC Rayne Gams					
Address: NSO W13740 Overview Prive Suite D Menomonee Falls WI 53051					
Phone: 262783 4700 Email: raquel C joseph daylas homes com					
Property Description:					
Tax Key #(s) 1/3/890500 Current Zoning: R1-Shore and					
Property is currently used for the following purposes: Single family residence					
Specify the requested Conditional Use:					
as provided for in Section:of Chapter 17: Zoning Regulations.					
The Conditional Use Permit is requested so that the property may be used in the following specific manner or for the following specific purposes:					
1851 Cen Ce					
Additional Comments (if any)					
Additional Comments (if any)					

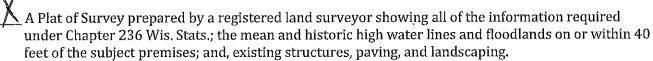
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Application Checklist:

(This Application shall be completed in full. The Town of West Bend shall not accept any Application for Conditional Use Permit until all of the information below, as required under Chapter 17.5.03 of the Zoning Ordinance, is submitted as attachment to this Application. Please confirm inclusion of the required information by checking each item below).

<u> </u>	Names and addresses of the applicant, owner of the site, architect, professional engineer, contractor, and all opposite and abutting property owners of record.
X	Description of the Subject Site by lot, block, and recorded subdivision or by metes and bounds;
	address of the subject site; type of structure; proposed operation or use of the structure or site;
	number of employees; and the Zoning District within which the subject site is located.





 $_$ Additional Information as may be required by the Plan Commission, Zoning Secretary, or Zoning
Administrator.

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Application Fee: (\$500.00)	Check Number: 1332
	Amount: <u>\$500</u>
Applicant Signature:	Date: 9/15/25
Town Clerk Signature: Julie Ihlenfeld	Date: 9/17/2025
<u>Professional Services Fee</u> :	
The Town of West Bend has determined that whenever the services of the inspector, Town Engineer, Town Attorney, or any other Town staff, as we engineering, and other professional and technical advice results in a chartime and services, the Town Clerk shall charge such services fees incurred owner even if the request is not approved.	ll as outside legal, planning, ge to the Town for professional
I have been advised that if the Zoning Administrator, Building Inspector, or any other Town staff provides services to the town because of my activengineering, and other professional and technical advice is required, whe request of the Town, I shall be responsible for the fees incurred by the Toapproved. Owner Signature:	ities, or outside legal, planning, ther at my request or the
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