



819 SUPERIOR AVE
TOMAH, WI 54660
608-374-7420

OUTDOOR FACILITIES APPLICATION

APPLICANT

NAME: _____

ADDRESS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

ADDRESS OF OUTDOOR FACILITIES REQUEST: _____

DESCRIPTION OF THE SUBJECT SITE

NAME & ADDRESS OF LEGAL OWNER OF SITE: _____

LEGAL DESCRIPTION: _____

PRESENT ZONING CLASSIFICATION: _____

DESCRIPTION OF EXISTING USE INCLUDING STRUCTURES (if applicable):

REQUIRED APPLICATION ATTACHMENTS TO BE SUBMITTED BY APPLICANT

Plat Plan Drawn to Scale

Proposed Outdoor Facility Plan as Per City Guidelines

Application Fee in the Form of a Check or Money Order Paid to the Order of: City Treasurer
in the Amount of \$50.00

CERTIFICATION

I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

Applicant Signature

Date