

CITY OF RACINE

APPLICATION FOR CONDITIONAL USE

Department of City Development 730 Washington Ave., Rm. 102 Racine, WI 53403 Phone: 262-636-9151 Fax: 262-635-5347

NOTE: Incomplete or illegible submittals will not be scheduled for Plan Commission or Common Council Consideration. PLEASE **CLEARLY** PRINT ALL INFORMATION REQUESTED BELOW. IF NOT APPLICABLE, INDICATE WITH A "N/A" IN THE BLANK:

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old Main St	CITY:	Racine	STATE: 4:1 ZIP: 53403
eth & hospitality - ce	enter.org		
2.886 CELL PHO	DNE: N/A	FAX:	
the Kayhoad			1
GN Squa St	CITY	: Milwauke	STATE: " ZIP: 5320
CELL PH	IONE: 414-379-2	228 FAX:	
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			shelter & meal site)
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DOLLET DOV DECLODING			
N TO PURCHASE	LEASE	_ LAND CONTRACT	OTHER
e written, dated, and sig	ned statement that	authorizes the applicant	to process the request.
- 1.0	1	A.	
	Print Name:	eth Kaynord	
: Date:	Signature:		
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****Please submit this application and submittal requirements together with a non-refundable fee of \$695.00.** If request is submitted with a rezoning request, the combined non-refundable fee is \$1,120.00.

(Go to Page 2 for Submittal Requirements)...



