



W2004 County Road S - PO Box 1007 - Freedom, WI 54131
920-788-4548 phone - 920-788-7550 fax
clerk@townoffreedom.org - www.townoffreedom.org

**Special Exception Application – Page 1
(Submit 15 copies of Drawings)**

Property Owner (s): _____

Address/City/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Applicant (if other than Owner): _____

Check: Architect ___ Engineer ___ Surveyor ___ Attorney ___ Agent ___

Address/City/Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

I/we certify the attached drawings are to the best of my/our knowledge complete and drawn in accordance with all codes.

Owner Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Special Exception Specifics:

Tax Key No.(s): _____

Address of Property: _____

Existing Zoning: _____

Current Use: _____

Proposed Special Exception: _____

State the reasons for the Special Exception: _____

Please attach the following:

1. A plot plan, drawn to scale, showing the area involved, its location, dimensions and location of any structures on the property and the location of any structures within 300 feet of the property in question (if applicable).
2. Additional information that will assist the Town in determining that the following statements are true with respect to the Special Exception:
 - a. The establishment, maintenance or operation of the proposed special exception use or structure at the proposed location will not be detrimental or injurious to the use and enjoyment of existing uses on adjacent properties or properties in the vicinity.
 - b. The establishment, maintenance or operation of the proposed special exception use or structure, along or in combination with other existing special exception uses and structures in the vicinity will not cause traffic hazards.
 - c. Adequate provision is made for surface water drainage, ingress and egress to the property and off-street parking.
 - d. Adequate public facilities and services are available for the proposed special exception use or structure.

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For Town Use Only

Fee: _____ Acct No: _____ Receipt: _____ Date: _____

Date Rec'vd Complete: _____ By: _____ Applic. No.: _____

Neighbors within 300 feet notified: _____

Review by Plan Commission: _____

Recommendation to: Approve _____ Approve with Conditions _____ Deny _____

Review by Town Board: _____

Special Exception is: Approved _____ Approved with Conditions _____ Denied _____

If denied, date resolution was filed with Outagamie County: _____

Comments: _____
