



VILLAGE OF SPRING VALLEY

P.O. BOX 276, SPRING VALLEY, WI 54767 TELEPHONE (715) 778-5635

PUBLIC HEARING APPLICATION

(Applicant is responsible for a minimum \$125.00 application fee for cost of publications.)

PROPERTY OWNER NAME _____

ADDRESS _____

TELEPHONE _____

NAME, ADDRESS & PHONE OF AGENT (If Different from Property Owner)

LEGAL DESCRIPTION OF PROPERTY FOR WHICH HEARING IS REQUESTED

PURPOSE FOR PUBLIC HEARING _____

PURPOSE/PLAN/INTENT (Expected beginning date, planned signage, planned changes to current structure -- attach detailed map and/or sketches if available)

Signature of Property Owner _____

Signature of Agent _____

Date _____

MAIL OR DELIVER TO: Village of Spring Valley
P.O. Box 276
E121 S. Second Street
Spring Valley, Wisconsin 54767 (715-778-5635)