

TOWN OF  
ST. JOSEPH  
ST. CROIX COUNTY, WISCONSIN

1337 County Road V  
Hudson, WI 54016  
715/549-6235  
FAX 715/549-6249  
clerk@townofstjoseph.com

INTERIM ZONING ORDINANCE EXCEPTION APPLICATION

DATE \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

APPLICANT MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

APPLICANT CONTACT INFO

\_\_\_\_\_  
PHONE EMAIL

PROPERTY ADDRESS AND/OR PARCEL NUMBER

\_\_\_\_\_

PLEASE DESCRIBE THE REASON YOU ARE REQUESTING AN EXEMPTION FROM THE INTERIM ZONING ORDINANCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION FEE: \$450.00

NOTE: Permit Application must be attached.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

Official use only:

Date Accepted \_\_\_\_\_

Received by \_\_\_\_\_

Fee Paid \_\_\_\_\_

Receipt Number \_\_\_\_\_

Town Board Agenda \_\_\_\_\_

Conditional Approval Granted by Town Board \_\_\_\_\_

*If exception is granted, applications are subject to approval by Building Inspector or Deputy Zoning Administrator*