

MINING OPERATION
TOWN OF HUDSON
Chapter 56

Original: _____
Renewal: _____

APPLICANT INFORMATION

Owner: _____ Contractor/Agent: _____

Mailing Address: _____ Mailing Address: _____

Daytime Phone: _____ Daytime Phone: _____

Cell: _____ Cell: _____

E-Mail: _____ E-Mail: _____

SITE INFORMATION

Site Address: _____

Property Location: ____ 1/4, ____ ¼, Sec. _____, T. _____ N., R. _____ W., Town of Hudson

Parcel# _____ - _____ - _____ Alt Parcel #: _____ - _____ - _____

LAND USE INFORMATION

Zoning District: _____

SIGNATURE

I attest that the information contained in this application is true and correct to the best of my knowledge.

Property Owner Signature: _____ Date: _____

Contractor/Agent Signature: _____ Date: _____

OFFICE USE ONLY

Complete Application Accepted _____ By: _____

Fee Received: _____ \$ _____ Receipt #: _____

715-386-4263

TOWN OF HUDSON
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Hudson, WI 54016

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