



City of Fitchburg
 Planning/Zoning Department
 5520 Lacy Road
 Fitchburg, WI 53711
 (608) 270-4200

CONDITIONAL USE PERMIT APPLICATION

The undersigned owner, or owner's authorized agent, of property herein described hereby applies for a conditional use permit for the following described property:

1. Location of Property:

Street Address: _____

Legal Description - (Metes & Bounds, or Lot No. And Plat): _____

***Also submit in electronic format (MS WORD or plain text) by email to: **PLANNING@FITCHBURGWI.GOV**

2. Current Use of Property: _____

3. Proposed Use of Property: _____

4. Proposed Development Schedule: _____

5. Zoning District: _____

6. Future Land Use Plan Classification: _____

***Pursuant to Section 22-3(b) of the Fitchburg Zoning Ordinance, all Conditional Use Permits shall be consistent with the currently adopted City of Fitchburg Comprehensive Plan.

***Attach three (3) copies of a site plan which shows any proposed land divisions, plus vehicular access points and the location and size of all existing and proposed structures and parking areas. Two (2) of the three (3) copies shall be no larger than 11" x 17". Submit one (1) pdf document of the entire submittal to planning@fitchburgwi.gov.

Additional information may be requested.

Type of Residential Development (If Applicable): _____

No. of Dwelling Units by Bedroom: 1 BR _____ 2 BR _____ 3 BR _____ 4 or More _____

No. Of Parking Stalls: _____

Type of Non-residential Development (If Applicable): _____

Proposed Hours of Operation: _____ **No. Of Employees:** _____

Floor Area: _____ **No. Of Parking Stalls:** _____

Sewer: Municipal _____ Private _____ **Water:** Municipal _____ Private _____

Current Owner of Property: _____

Address: _____ **Phone No:** _____

Contact Person: _____

Email: _____

Address: _____ **Phone No:** _____

Respectfully Submitted By: _____

Owner's or Authorized Agent's Signature

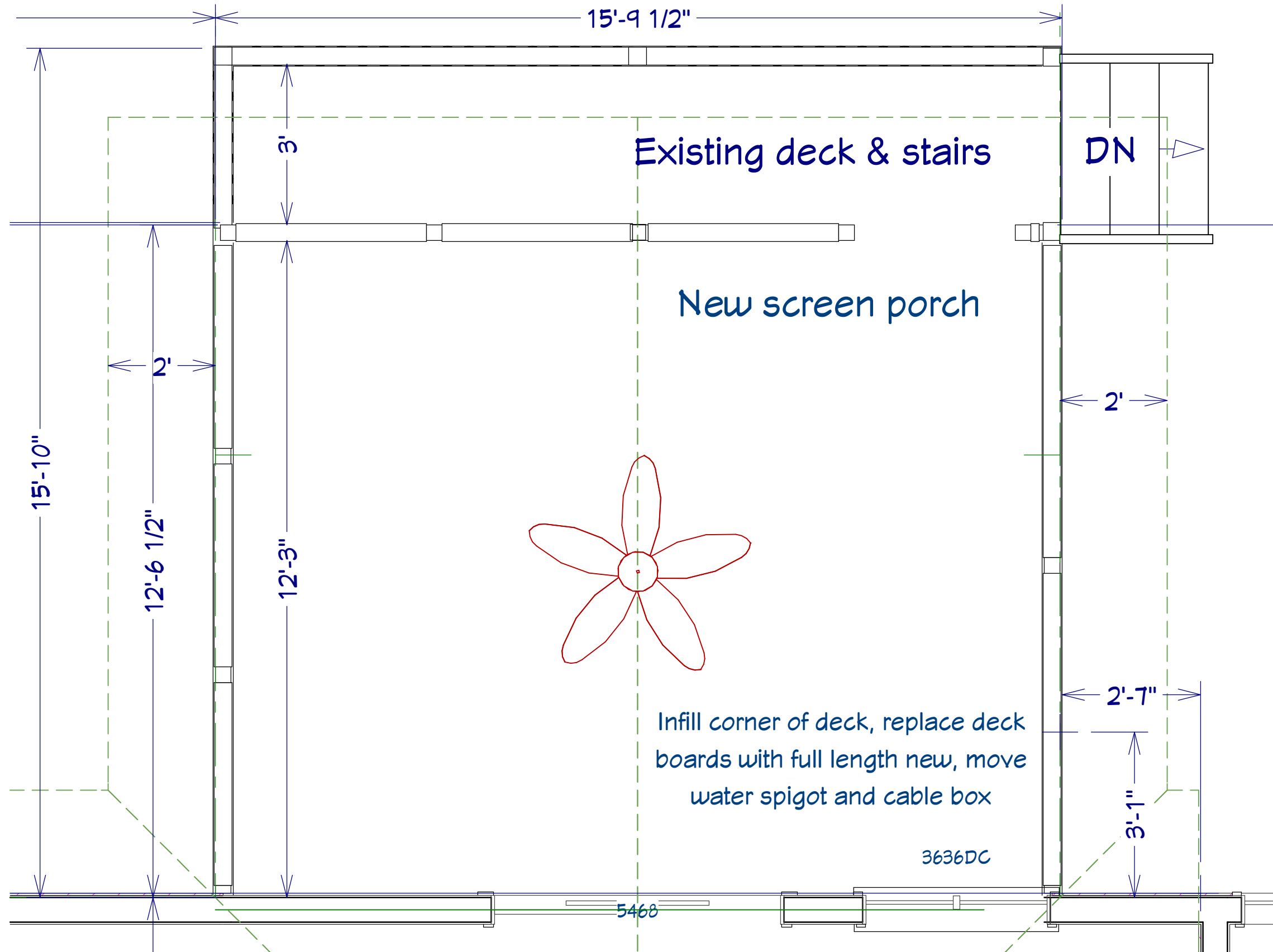
**** It is highly recommended that an applicant hold at least one neighborhood meeting prior to submitting an CUP application to identify any concerns or issues of surrounding residents.**

PLEASE NOTE - Applicants shall be responsible for legal or outside consultant costs incurred by the City. Submissions shall be made at least four (4) weeks prior to desired plan commission meeting.

For City Use Only: **Date Received:** _____ **Publish:** _____

Ordinance Section No. _____ **Fee Paid:** _____

Permit Request No. _____



212 S. Baldwin St.
Madison, WI. 53703

Office: 608.241.4297
Mobile: 608.635.1668

thaver@haverdesign.com
www.haverdesign.com

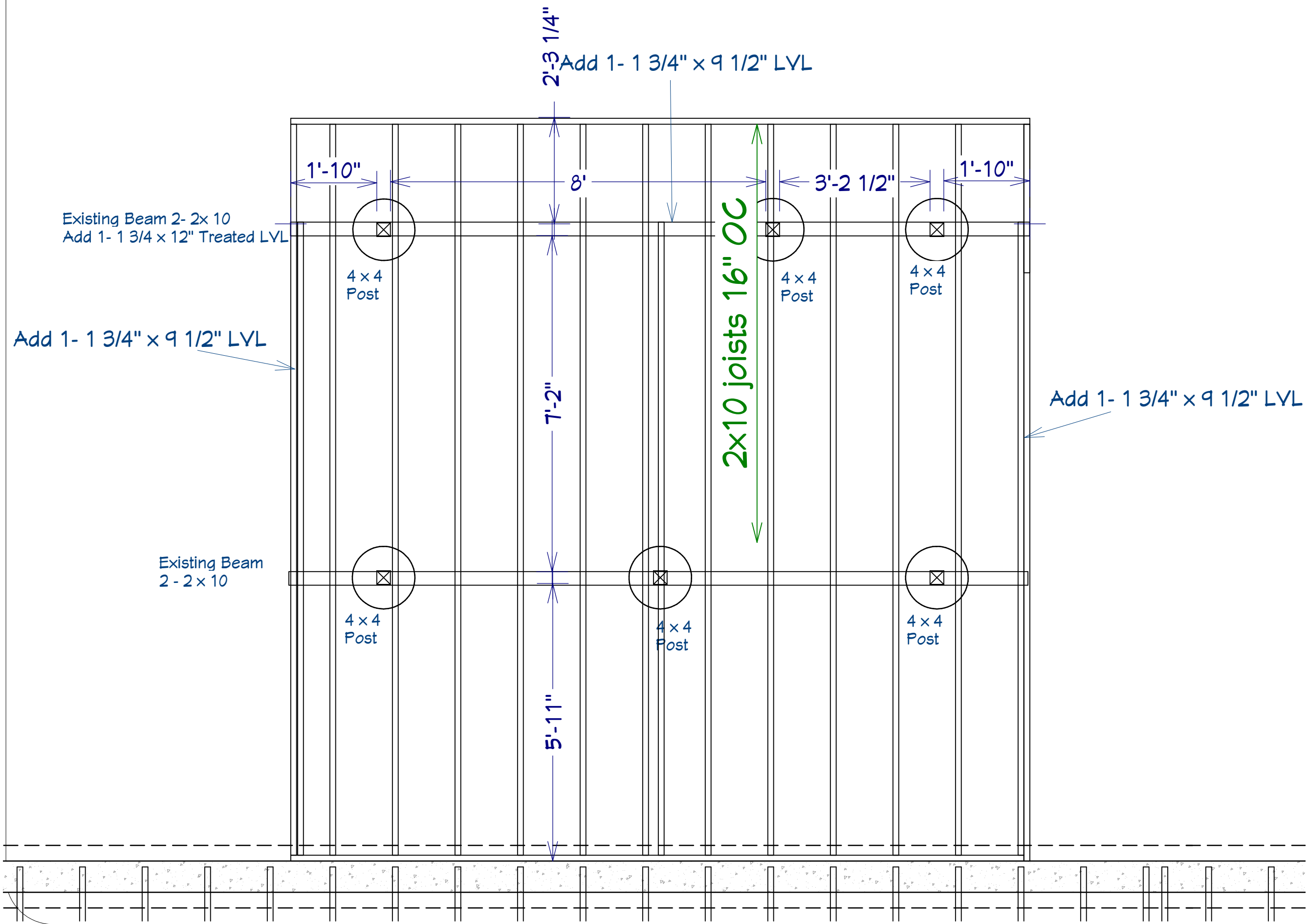
CLIENT

Emily Sivesind
Jared Finger
5712 Richardson Circle
Madison, WI 53711

TITLE

Screen
Porch Plan
1/2" = 1'0"

REV. DATE	SHEET
12-12-2017	1



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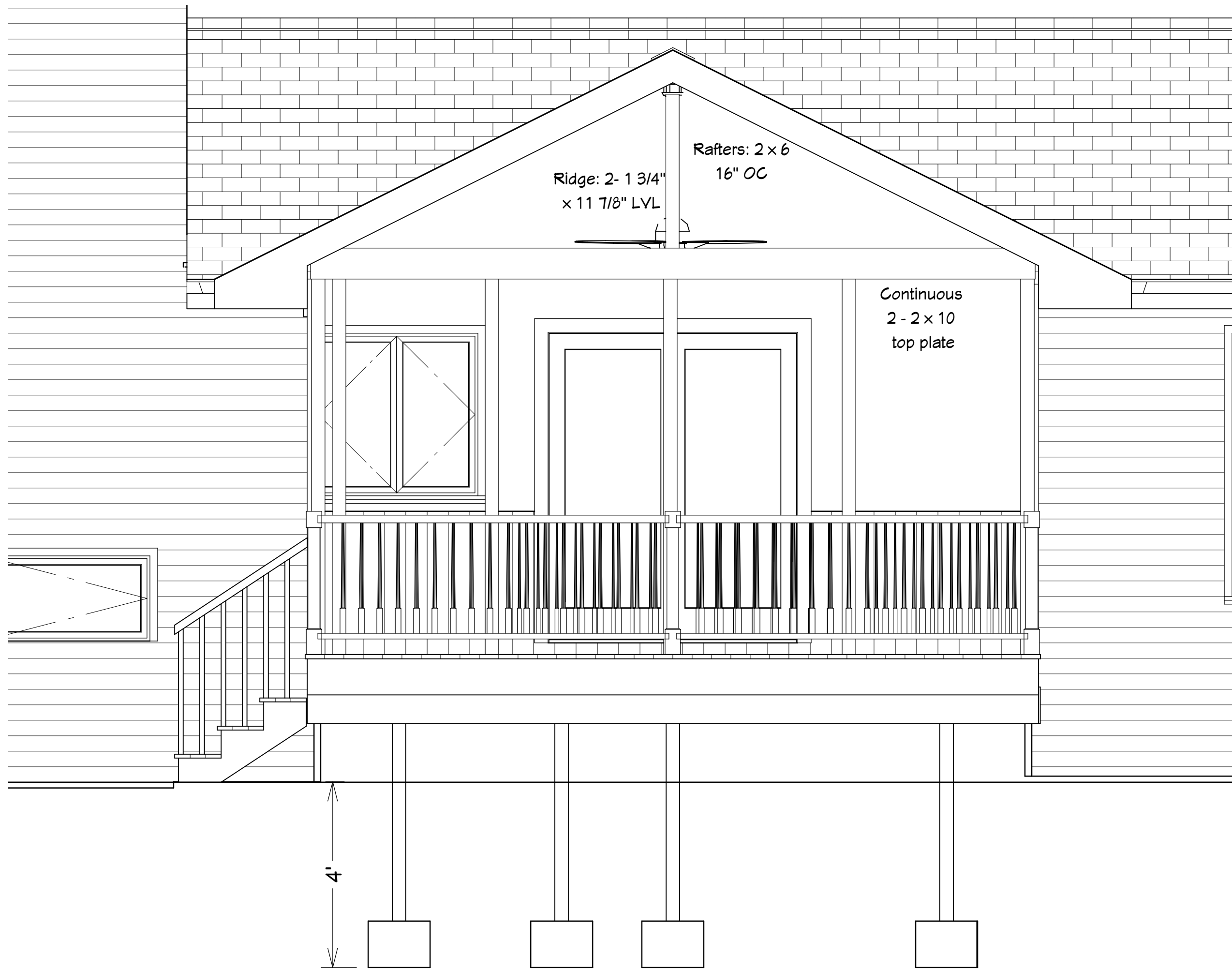
CLIENT

Emily Sivesind
Jared Finger
5712 Richardson Circle
Madison, WI 53711

TITLE

Floor
framing Plan
1/2" = 1'0"

REV. DATE	SHEET
12-12-2017	2



212 S. Baldwin St.
Madison, WI. 53703

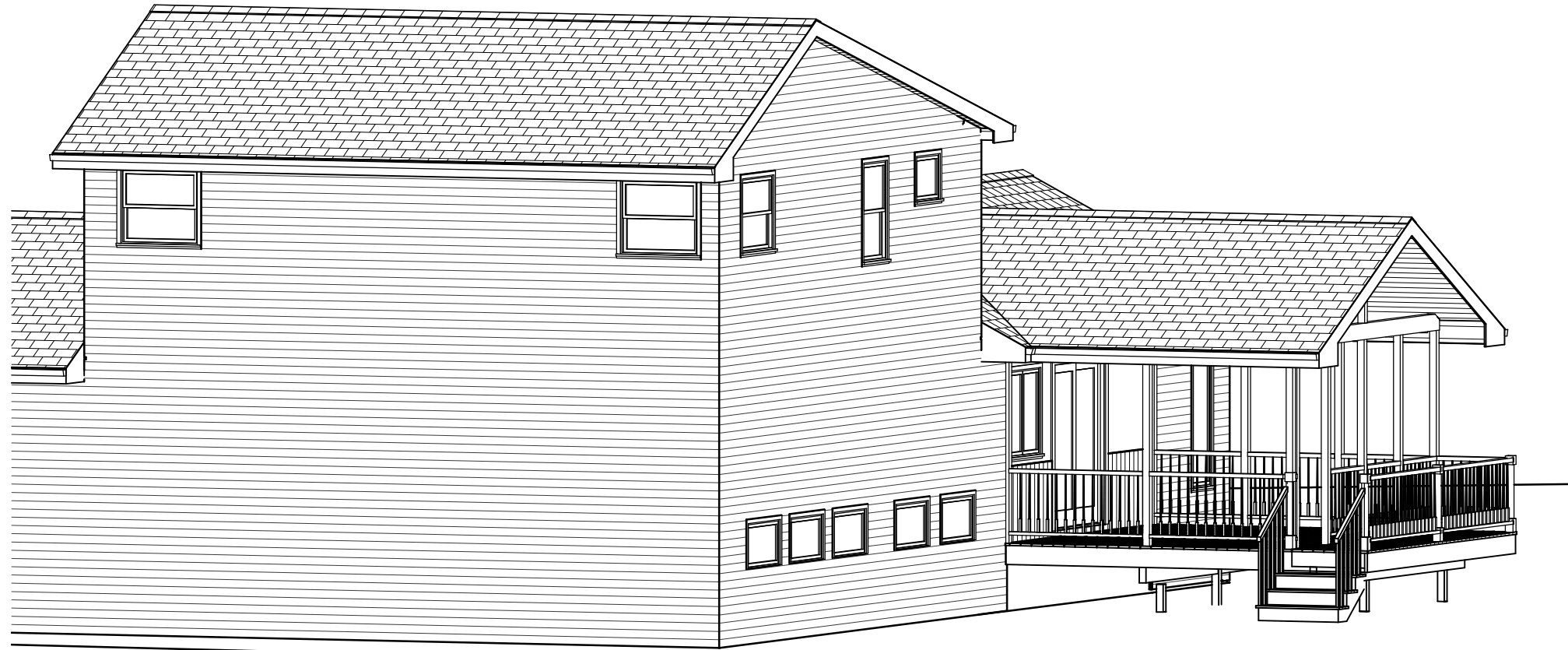
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CLIENT
Emily Sivesind
Jared Finger
5712 Richardson Circle
Madison, WI 53711

TITLE
Elevation
1/2" = 1'0"

REV. DATE	SHEET
12-12-2017	3



212 S. Baldwin St.
Madison, WI. 53703

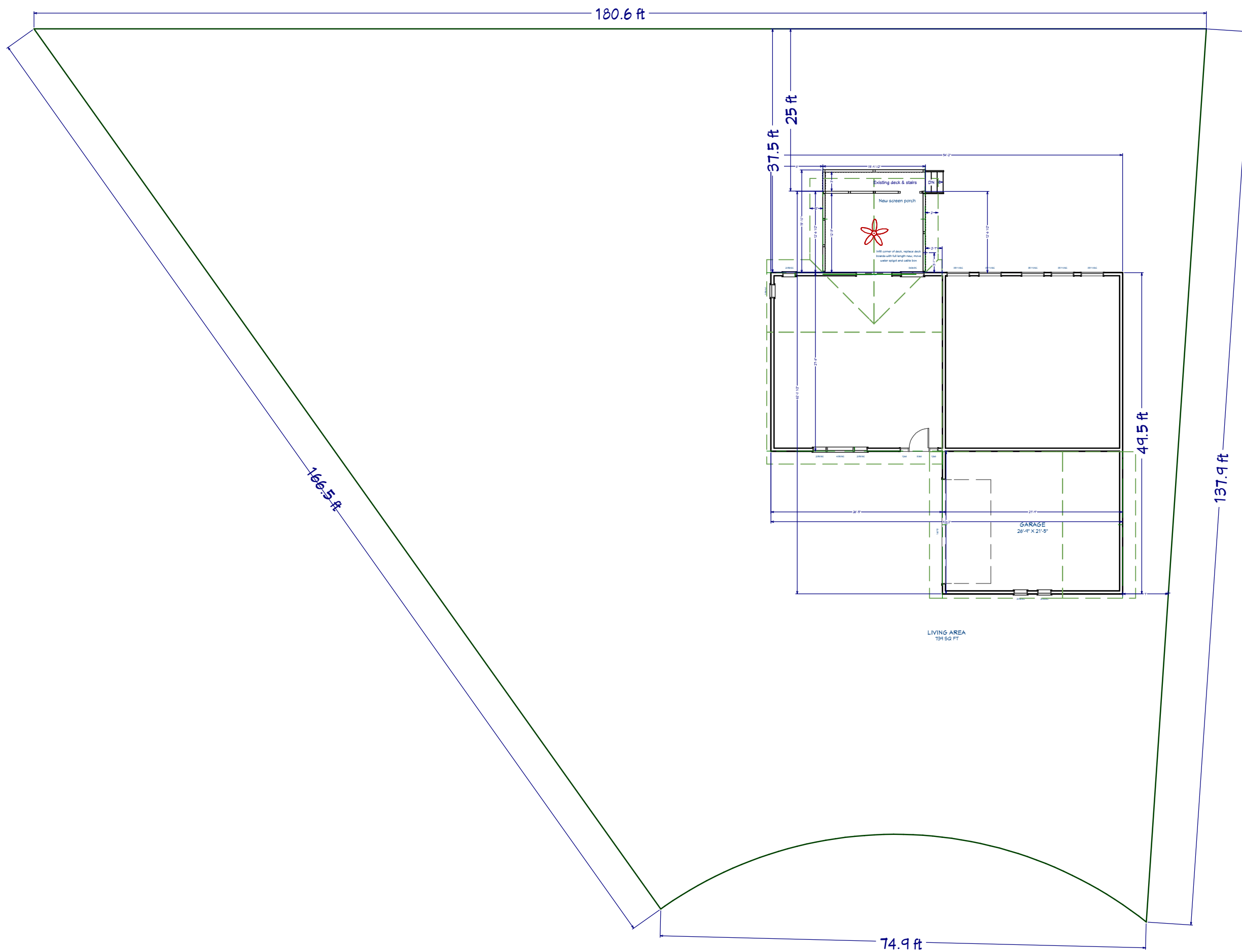
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CLIENT
Emily Sivesind
Jared Finger
5712 Richardson Circle
Madison, WI 53711

TITLE
Perspective
views

REV. DATE	SHEET
12-12-2017	4



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CLIENT
Emily Sivesind
Jared Finger
5712 Richardson Circle
Madison, WI 53711

TITLE
Site Plan
1" = 15'

REV. DATE	SHEET
12-12-2017	5