



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: 5795 WINDSONA CIRCLE

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: SINGLE FAMILY RES.

3. Proposed Use of Property: REMAIN THE SAME SINGLE FAMILY RES

4. Proposed Development Schedule: _____

5. Zoning District: R-L

6. Future Land Use Plan Classification: LDR

***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): 3 SEASON PORCH ADDITION

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: BILL & KRISTA KOHLS

Address: 5795 WINDSONA CIRCLE **Phone No:** 920-410-0437

Contact Person: CHARLES AALID

Email: charlie.cwaalidconstruction@gmail.com

Address: 710 AUGUSTA DR. WAUNAKEE, WI 53597 **Phone No:** 608-206-2809

Respectfully Submitted By: *Charles W. Aalid*

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.

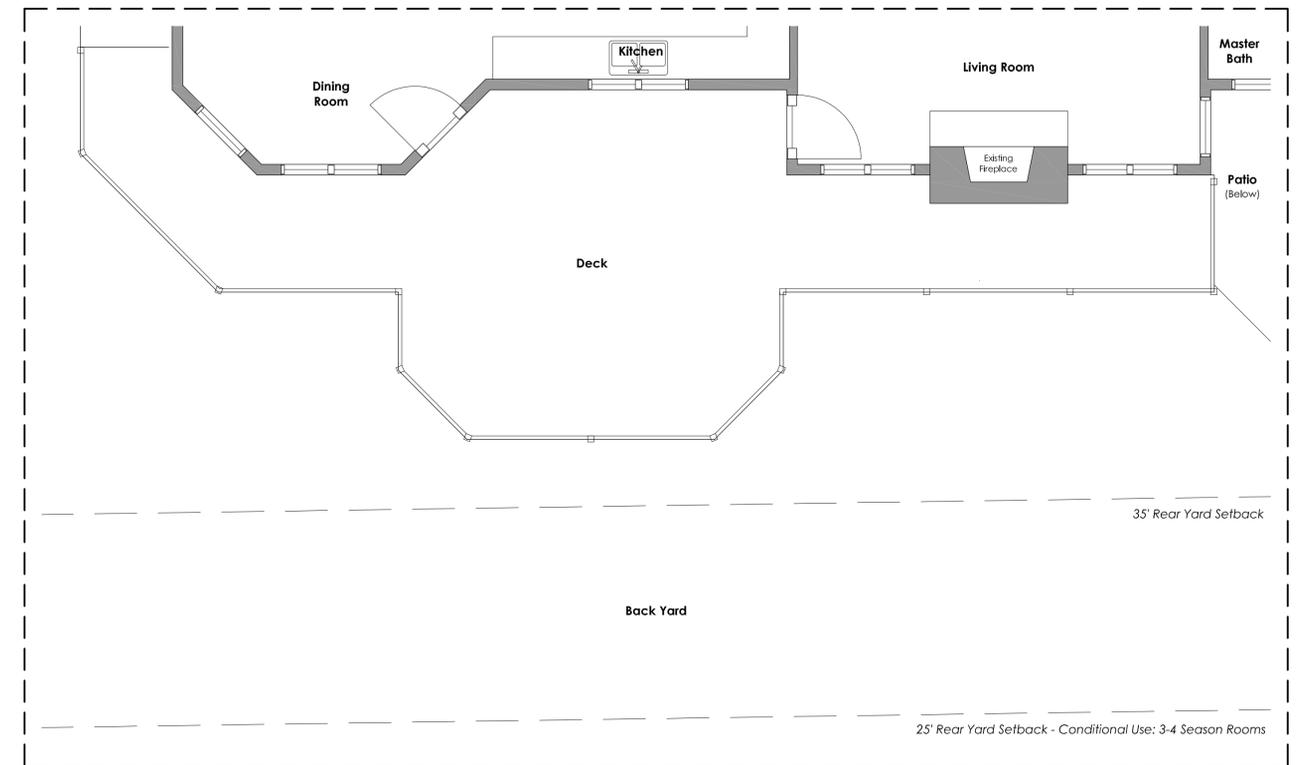
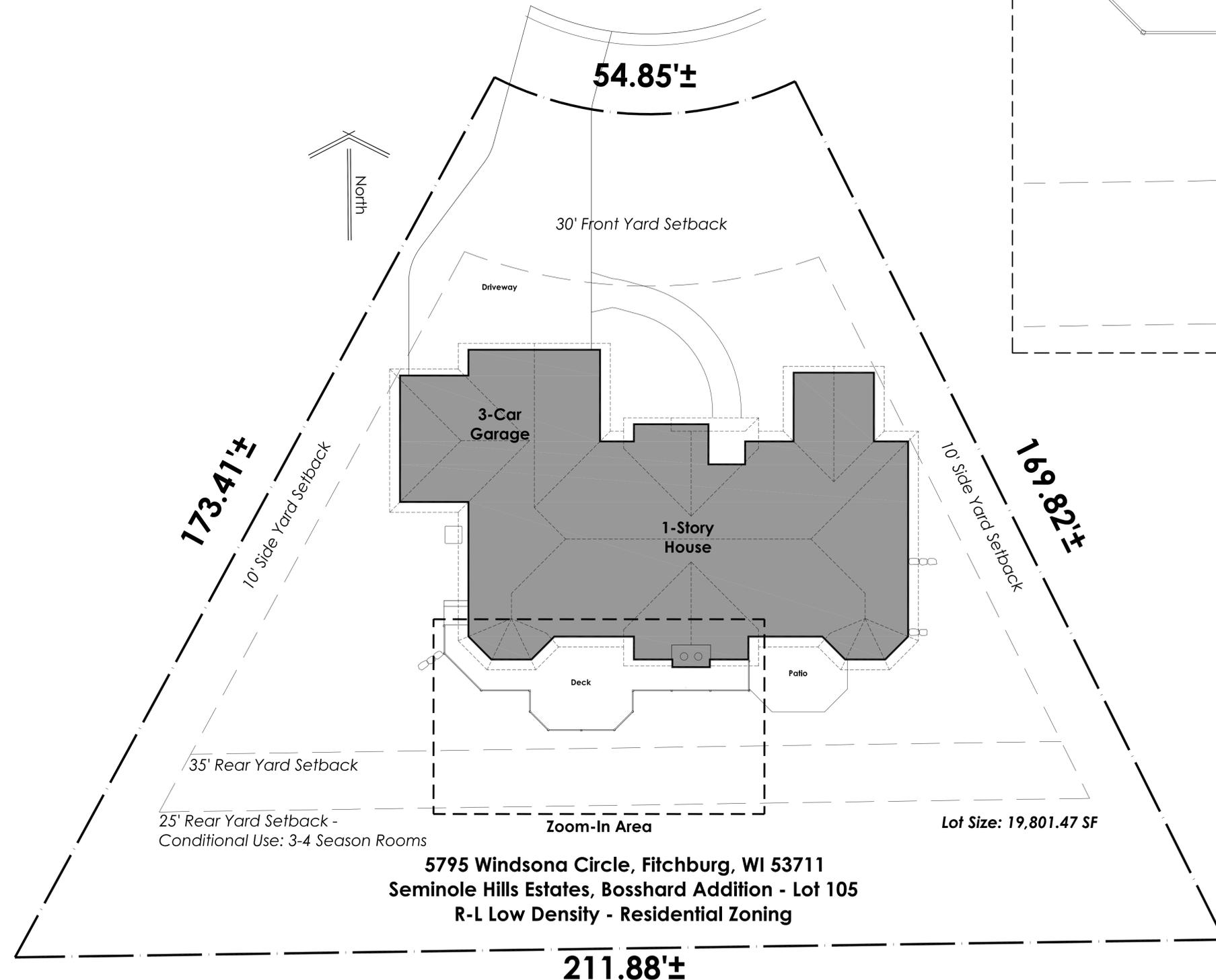
For City Use Only: **Date Received:** 6/23/20 **Publish:** _____

Ordinance Section No. _____ **Fee Paid:** \$480.00

Permit Request No. CU-2352-20

EXISTING SITE PLAN

Scale: 1" = 10'



EXISTING FLOOR PLAN

Zoom-In Area

Scale: 1/4" = 1'

EXISTING RIGHT ELEVATION



EXISTING LEFT ELEVATION



EXISTING BACK ELEVATION

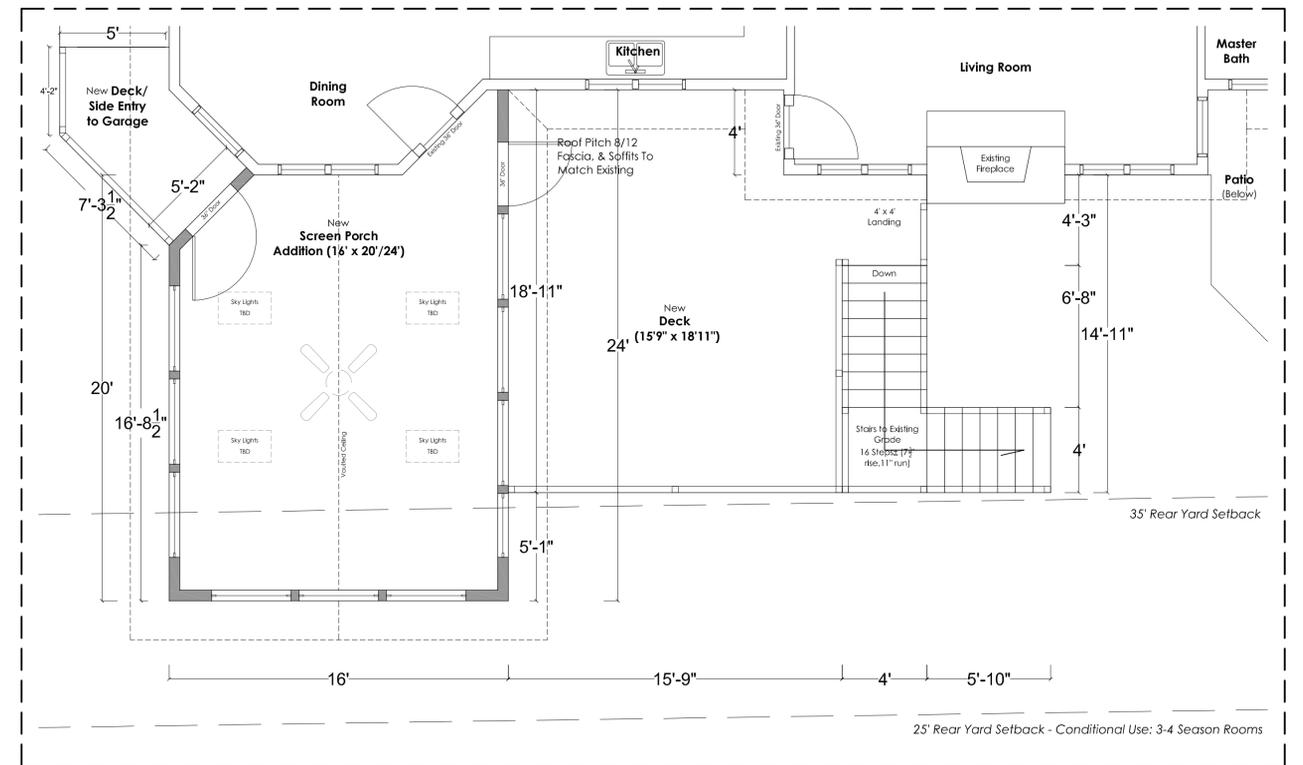
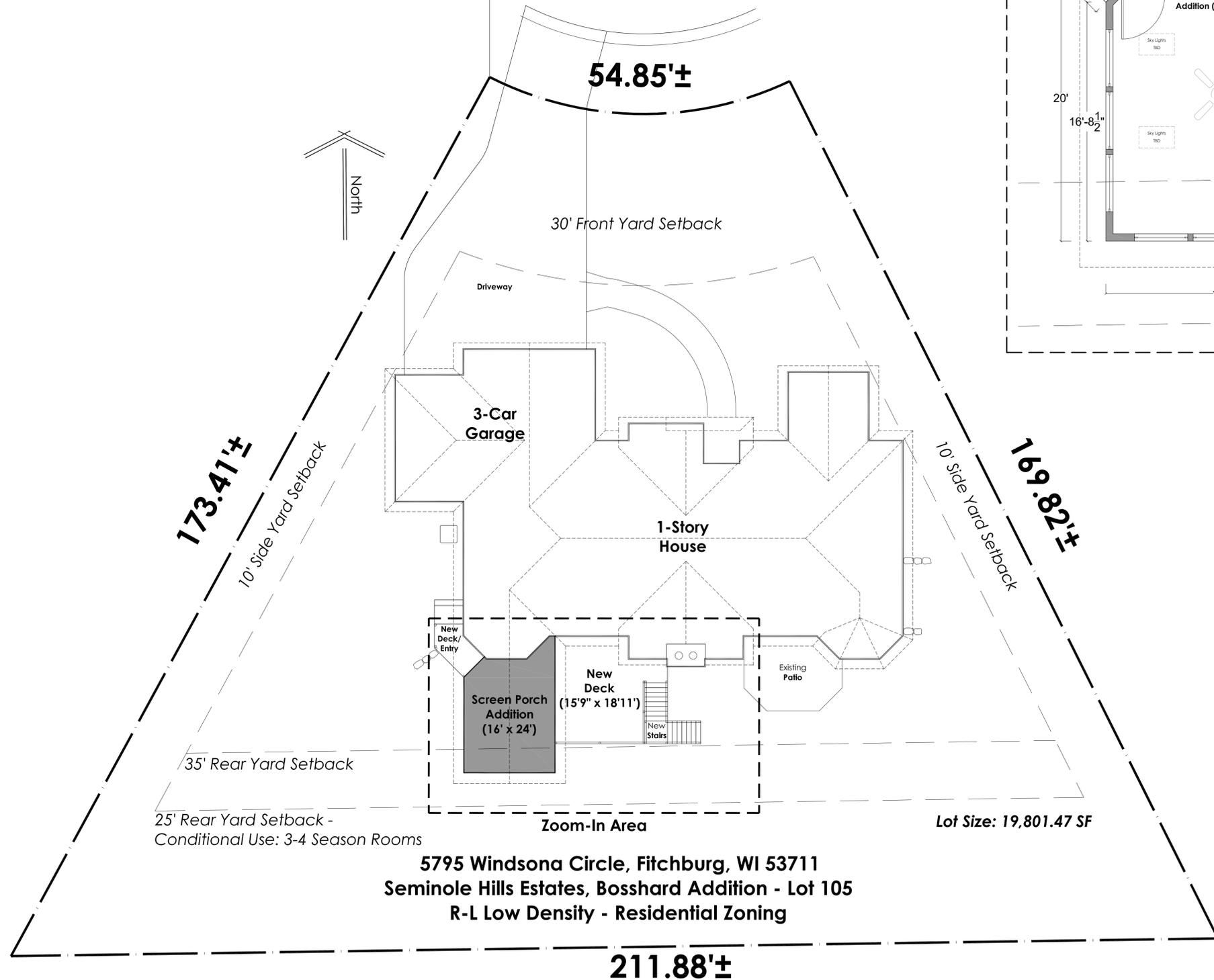


Scale: 1/4" = 1'

SITE PLAN

w/ Screen Porch & Deck Renovation

Scale: 1" = 10'

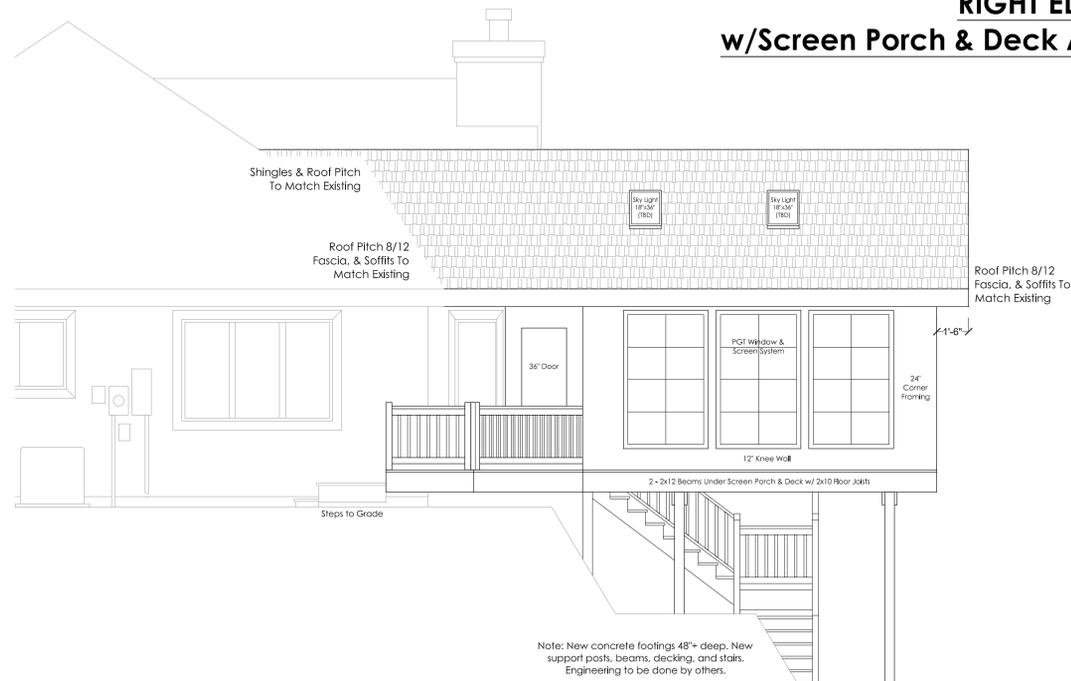


SCREEN PORCH ADDITION FLOOR PLAN

Zoom-In Area

Scale: 1/4" = 1'

**RIGHT ELEVATION
w/Screen Porch & Deck Additions**



**LEFT ELEVATION
w/Screen Porch & Deck Additions**



**BACK ELEVATION
w/ Screen Porch & Deck Additions**



Scale: 1/4" = 1'