



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. _____

Site and Building Info:
 Address 5400 King James Way
 Fitchburg, WI 53719

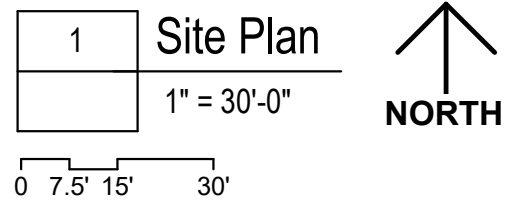
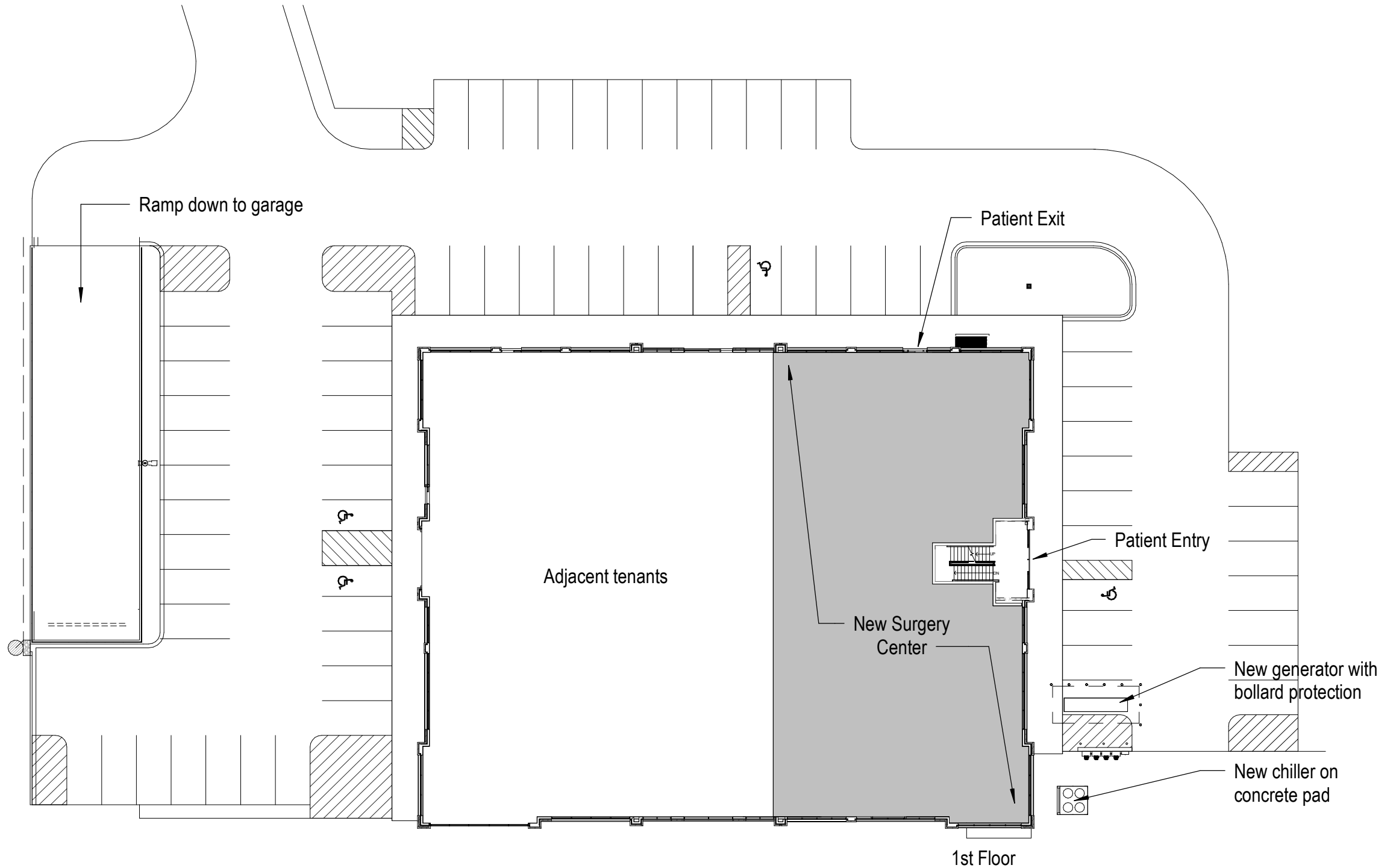
Zoning: B-G General Business District
 Proposed Use: Partial use as Surgery Center

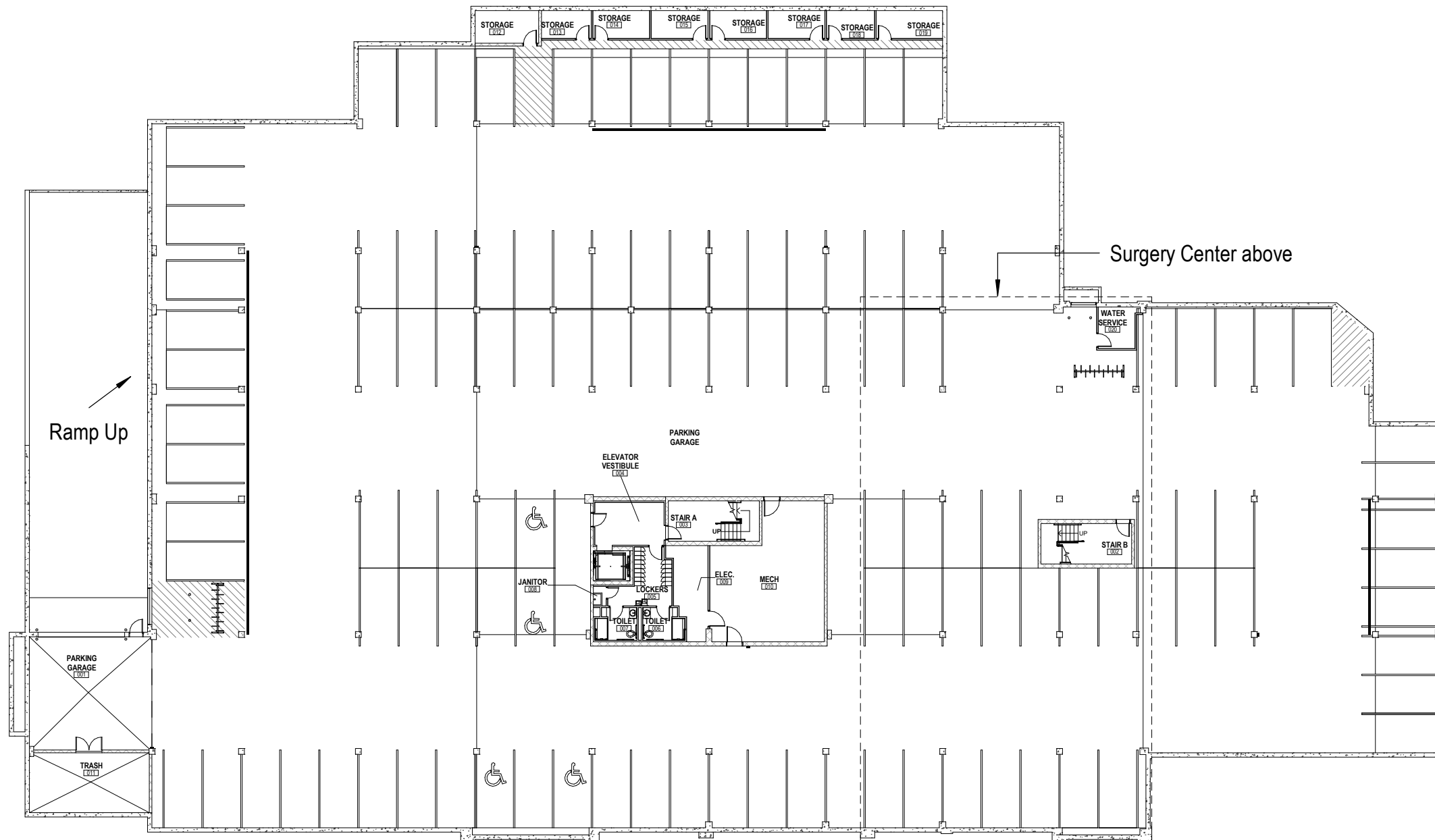
Building Height: 3 stories with Basement

Building Areas:
 Basement: 48,650 gsf
 1st Floor: 19,362 gsf
 2nd Floor: 19,061 gsf
 3rd Floor: 19,061 gsf
 Building Total (Floors 1-3): 57,484 gsf

Parking:
 194 total existing parking spaces (120 garage, 74 site)
 Surgery Center needs approximately 36 spaces
 (24 staff; 8 patient beds)

Notes:
 1. All existing building elements including site, parking, and structures are existing and shall remain unless noted otherwise.
 2. Existing building plans and site plans are shown for reference only. No work unless noted otherwise.

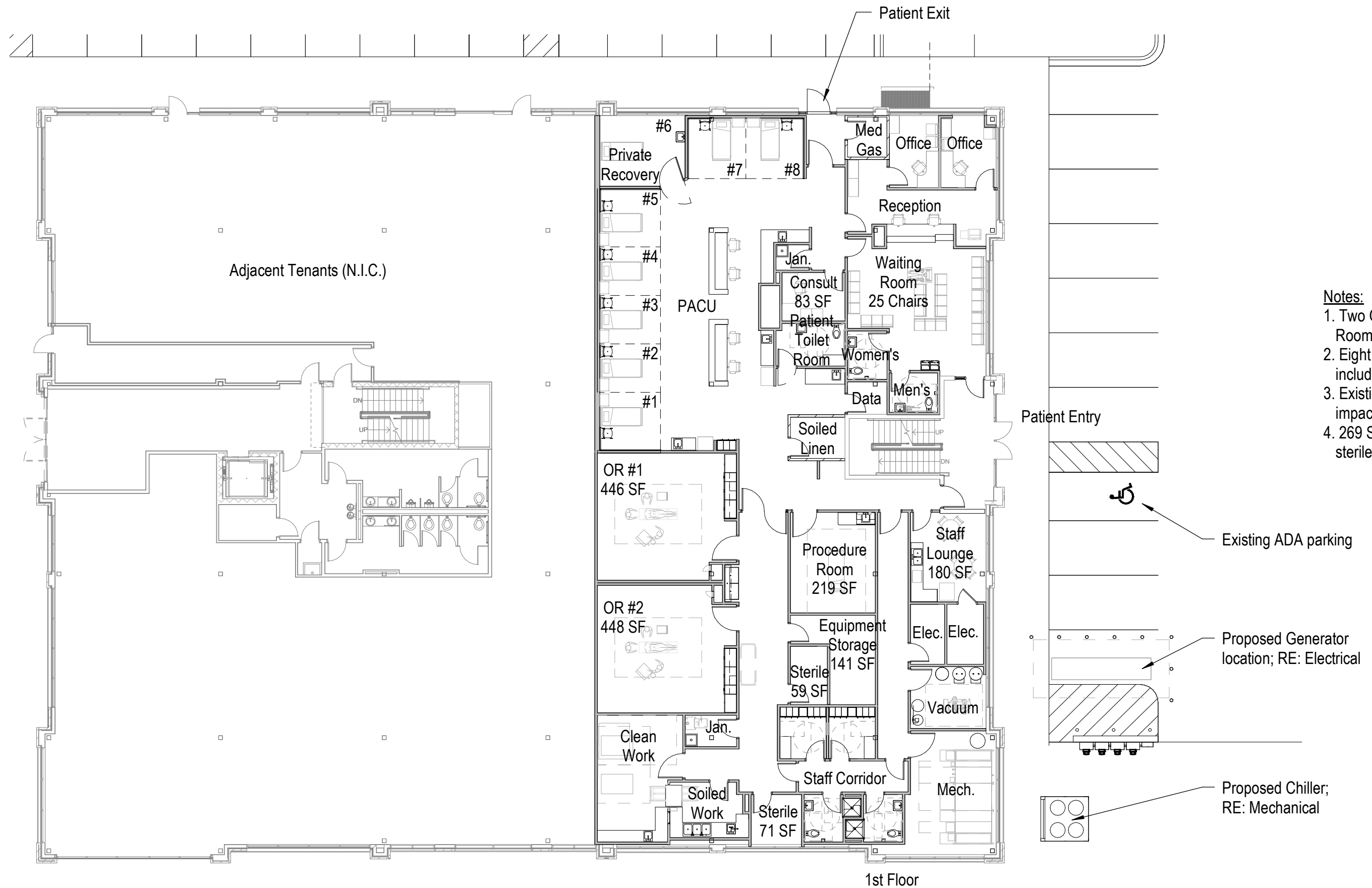




1 Basement Garage Plan
 1" = 30'-0"

0 7.5' 15' 30'





- Notes:**
1. Two ORs / One Procedure Room .
 2. Eight recovery bays including one private bay.
 3. Existing column locations impacted layout.
 4. 269 SF of storage in the sterile area.