



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](mailto: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.** \_\_\_\_\_