



Application fee: **\$300.00**
Receipt No. _____
Date _____
Staff _____

APPLICATION FOR CONDITIONAL USE PERMIT

See reverse side for materials to be submitted with this application
This application applies to both NEW and AMENDING conditional use permit applications

Applicant:

Name: _____
Address: _____
Phone No. (____) _____ Fax No. (____) _____.

Business Name: _____
Conditional Use Permit Site Address: _____
Landowner of Record: _____
Address: _____
Phone No. (____) _____ Fax No. (____) _____.

Architect:

Name: _____
Phone No. (____) _____ Fax No. (____) _____.

Engineer or Contractor:

Name: _____
Address: _____
Phone No. (____) _____ Fax No. (____) _____.

Lot Size _____ acres
Lot street frontage width _____
Lot dimensions _____

Location ____ 1/4 Sec. _____
Current zoning _____
Does current zoning permit the intended use? _____

Days and Hours of Business Operation _____

Number of Employees: _____

This use will be in _____ existing building(s) _____ new building(s)

Describe specifically the nature of the proposed business and the proposed use of the existing or new building(s).

This application is based upon the Town of Cedarburg Zoning Code, Article V, Conditional Uses, Sections 320-45 through 320-62.

Applicant

Date

Please note:

- ✓ Materials **must** be submitted **four weeks** before the desired meeting date; see the meeting schedule for submission deadlines.
- ✓ Incomplete applications will not be accepted and/or processed.
- ✓ **The conditional use permit process may take 2-4 months** because of the meeting schedules and the required public hearing and associated legal notices.
- ✓ Reimbursement agreement must be submitted at the time of application submittal or the application will be considered incomplete.

Step 1: The Town may ask/recommend a **concept discussion** with the Plan Commission. This first appearance before the Plan Commission requires a \$100 Concept Review fee separate from and before the \$300 Conditional Use application fee. **This application, reimbursement agreement, 2 paper copies and one electronic copy of the application materials must be submitted 4 weeks before this meeting.**

Step 2: The second step for those applications involving a concept discussion is a Plan Commission meeting at which the required public hearing is held. **This is the first step for those applications not involving a concept discussion. The Town will publish a Class 2 notice in the newspaper, and at least 10 days prior to the meeting notify all property owners within 1,000 feet of the application.** Following the public hearing at the Plan Commission meeting, the Plan Commission may make a recommendation to the Town Board regarding the application. The Plan Commission may also ask the applicant to modify the plan and return for additional Plan Commission review. **The CUP application, reimbursement agreement, 2 paper copies and one electronic copy of the application materials must be submitted 4 weeks before this meeting.**

Step 3: The Town Board will consider action on the application.

If approved, your conditional use permit is valid after it is signed by the applicant and Town Administrator. Once signed, you may commence business as outlined in the conditional use permit and/or secure a building permit.

REQUIRED MATERIALS: The first two items MUST be submitted; Town staff will direct if the other items are necessary. The Town may request other information as necessary (See §320-48).

- ▶ **2 copies** of the plat of survey showing the location, dimensions, boundaries, uses and size of the subject site, existing and proposed structures, easements, parking, streets, loading areas, and uses of abutting land and structures within 40 feet of the subject site.
- ▶ **2 copies** of a full-color rendering of the building facades (elevation), plus color samples of the materials being used are to be brought to the meetings.
- ✓ **2 copies** of a landscape plan, **if necessary**.
- ✓ **2 copies** of both a stormwater run-off plan for 100-year storm event as well as water retention/detention plans, **if necessary**.
- ✓ **2 copies** of a sign plan proposal based upon Town Code (Article VIII, Section 320-77 through Section 320-93), **if necessary**.
- ✓ The applicant is also responsible for obtaining any permits required by Ozaukee County, the State of Wisconsin or any other agency having jurisdiction.

REQUIRED FOR ALL NEW CONSTRUCTION APPLICANTS:

- ✓ The plat of survey should be prepared by a registered land surveyor so that we can verify that your project meets the required setbacks.
- ✓ Architectural plans, site plans, and landscape plans must be submitted.
- ✓ A stormwater run-off plan.



REIMBURSEMENT NOTICE & PROFESSIONAL SERVICES REIMBURSEMENT AGREEMENT

Pursuant to section 21-16 of the Town Code, the undersigned acknowledges receipt of this Notice and agrees to reimburse the Town of Cedarburg for costs, expenses and fees charged the Town of Cedarburg for legal, engineering, planning, and other required professional consultants as well as Town staff, and which services relate to the following project or matter (regardless of outcome):

PROJECT NAME: _____

PROJECT ADDRESS: _____

SEND ALL INVOICES TO: _____
(NAME & ADDRESS)

TAX KEY #(s): _____

I represent and warrant to the Town of Cedarburg that I am authorized to execute this Agreement on behalf of the Applicant and/or Property Owner, and in those cases where the Applicant and/or Property Owner is a corporation, limited liability company, partnership or other business entity (herein collectively "Business Entity"), I represent and warrant that the Business Entity is authorized to do business in the State of Wisconsin, is a Business Entity in good standing, and that I have been authorized to execute and bind the Business Entity to the terms and conditions of this Agreement.

RESPONSIBLE PARTIES OR PARTY NAME, MAILING ADDRESS, SIGNATURE & DATE:

Printed Name

Signature (**Required**)

Date

Mailing Address

City

State & Zip

Phone Fax E-mail

PROPERTY OWNER NAME, MAILING ADDRESS, SIGNATURE & DATE (If different than that of the Applicant):

Printed Name

Signature (**Required**)

Date

Mailing Address

City

State & Zip

Phone

Fax

E-mail