

CITY of BELOIT

Planning and Building Services Division

100 State Street, Beloit, WI 53511 Phone: (608) 364-6700 Fax: (608) 364-6609

Conditional Use Permit Application

(Please Type or Print)

File Number: _____

1. Address of subject property: _____

2. Legal description: _____

If property has not been subdivided, attach a copy of the complete legal description from deed.

Property dimensions are: _____ feet by _____ feet = _____ square feet.

If more than two acres, give area in acres: _____ acres.

3. Tax Parcel Number(s): _____

4. Owner of record: _____ Phone: _____

(Address)

(City)

(State)

(Zip)

5. Applicant's Name: _____

(Address)

(City)

(State)

(Zip)

(Office Phone #)

(Cell Phone #)

(E-mail Address)

6. All existing use(s) on this property are: _____

7. **THE FOLLOWING ACTION IS REQUESTED:**

A Conditional Use Permit for: _____

_____ in a(n) _____ Zoning District.

8. All the proposed use(s) for this property will be:

Principal use: _____

Secondary use: _____

Accessory use: _____

9. Project timetable: Start date: _____ Completion date: _____

10. I/We) represent that I/we have a vested interest in this property in the following manner:

- () Owner
- () Leasehold, length of lease: _____
- () Contractual, nature of contract: _____
- () Other, explain: _____

The applicant’s signature below indicates the information contained in this application and on all accompanying documents is true and correct.

I/We, the undersigned, do hereby respectfully make application for and petition the City Plan Commission and City Council to grant the requested action for the purpose stated herein. I/We represent that the granting of the proposed request will not violate any of the required standards of the Zoning Ordinance of the City of Beloit. I/We also agree to abide by all applicable federal, state and local laws, ordinances, rules, and regulations.

_____/_____/_____
(Signature of Owner) (Print name) (Date)

_____/_____/_____
(Signature of Applicant, if different) (Print name) (Date)

In order for your request to be heard and considered in a timely manner, you must submit the completed application, and all accompanying documents, to the Planning and Building Services Division for acceptance by the filing deadline date prior to a scheduled Plan Commission meeting.

This application must be submitted with one copy of a scaled drawing showing the layout of the proposed development in accordance with all code requirements, and the application fee.

To be completed by Planning Staff

Filing fee: **\$500.00** Amount paid: _____ Meeting date: _____

Application accepted by: _____ Date: _____