

Conditional Use Permit Application

To the Village of Cambridge Plan Commission:

The undersigned owner of the property described below petitions you to approve the following request for a conditional use permit.

PROPERTY LOCATION	
Street Address	
Legal Description	
Tax Parcel #	
Current Zoning (circle one):	BG BP MU BH BC LDR MDR HDR I A C P PUD
CONTACT INFORMATION	
	OWNER
	OWNER'S AGENT
Name	
Address	
Phone	
DESCRIBE YOUR REQUEST	
1. Current Use of the Property:	
2. Proposed Use of the Property:	
SUBMIT THE FOLLOWING WITH YOUR PERMIT APPLICATION (AS APPLICABLE)	
<input type="checkbox"/> A list of all property owners with 100 feet of lot line:	
Name _____	Address _____
<input type="checkbox"/> Proposed signage and dimensions (see separate application form) <input type="checkbox"/> Plan of Operations Form (attached) <input type="checkbox"/> Site plan (show existing & proposed buildings, lot lines, set backs, parking, easements, utilities, floodplains etc.) <input type="checkbox"/> Grading, drainage, erosion control plan <input type="checkbox"/> Building materials and plans <input type="checkbox"/> Landscaping plan <input type="checkbox"/> Lighting plan (location, type, size and number of proposed lights) <input type="checkbox"/> \$350 Fee (made payable to Village of Cambridge)	
CERTIFICATION	
<i>I (We) hereby certify that all of the above statements and attachments submitted with this application are true and correct to the best of my knowledge and belief.</i>	
OWNER/AGENT	DATE:

CONTACT INFORMATION & REFERENCE

Return to:	Village of Cambridge 200 Spring Street, PO Box 99 Cambridge WI 53523
Telephone	608-423-3712
FAX	608-423-3916

PROCEDURES

1. Meet with the Zoning Administrator before applying. Office hours are Mondays 12:00 p.m. – 2:00 p.m..
2. Complete this application. Return application materials and fee to Village Hall at least 20 days before Plan Commission Meeting.
3. Plan Commission does a preliminary review of application and assigns a hearing date.
4. Plan Commission holds a hearing on the application. Any interested persons may speak in favor or against the proposed conditional use.
5. After the hearing, the Plan Commission reviews then recommends approval, approval with conditions, or denial of the application. Plan Commission meets the second Monday of every month at 6:30 p.m.
6. The Village Board reviews the Plan Commission's recommendation and approves, approves with conditions, or denies. Village Board meets the second and fourth Tuesday of the month at 6:30 p.m.

PLAN OF OPERATIONS

1. **Name of Business** _____
2. Business Address _____
3. Phone Number _____
4. Years in Operation _____
5. At What Address _____
6. Type of Business _____

7. **Name of Owner** _____
8. Address _____
9. Phone Number _____
10. Name of Operator (if Different) _____
11. Address _____
12. Phone Number _____

13. Zoning of Property to the:

North:	_____	Use of Property to the North:	_____
South:	_____	Use of Property to the South:	_____
East:	_____	Use of Property to the East:	_____
West:	_____	Use of Property to the West:	_____

14. List All Chemicals Stored in Buildings _____

15. Emergency Contact:

Night Phone _____ Day Phone: _____

16. Specific Use of Buildings and Property:

- a. _____
- b. _____
- c. _____
- d. Outdoor Uses: _____

17. Max. Number of Employees

18. Days of Operation:

19. Hours of Operation

20. Parking

a. Number of spaces available

b. Dimensions of lot

c. Lot Construction

d. Includes employee parking in spaces?

e. Type of screening

Paved

Gravel

Grass

Yes

No

Fencing

Plantings

21. Lighting

a. Type

b. Location

22. Any food service/vending machines?

a. If yes:

Yes

No

Number: _____

Location: _____

23. Any game machines?

a. If yes:

Yes

No

Number: _____

Location: _____

24. Any music?

a. If yes:

Yes

No

Type: _____

Days/Hours: _____

25. Type of refuse disposal

Municipal

Private

26. Is a highway access permit needed?

Yes

No

27. Need security fencing?

a. If yes - Type:

Yes

No

28. Describe sanitary facilities

29. Surface water drainage: Include on site plan

30. Liquor or other license needed?

a. If yes – Type:

Yes

No

31. Did state agencies approve building plans?

Yes

No

32. Is this an expansion of existing operations?

Yes

No

33. Other information/details
