

CONDITIONAL USE PERMIT APPLICATION

TOWN OF SUN PRAIRIE • 5556 TWIN LANE ROAD • MARSHALL, WI 53559
 PHONE (608) 837-6688 • FAX (608) 825-4864 • www.townofsunprairie.info

| | |
|--------------------------------------|------------------------------------|
| PERMIT #: | _____ |
| Permit Fee: \$ _____ | Fee Paid: <input type="checkbox"/> |
| Approved By: _____ | |
| Approval Date: _____ / _____ / _____ | |

Items that must be submitted with your application:

- **Written Legal Description of Conditional Use Permit boundaries.**
- **Scaled Drawing of the property showing existing/proposed buildings, setback requirements, driveway, parking areas, outside storage areas, location/type of exterior lighting, any natural features, and proposed signs.**
- **Scaled map showing neighboring area land uses and zoning districts.**
- **Written operations plan describing the items listed below (additional items needed for mineral extraction sites).**
- **Written statement on how the proposal meets the 6 Standards of a Conditional Use.**

| OWNER | AGENT (Contractor, Coordinator, Other) |
|--|--|
| NAME | CONTACT NAME |
| BUSINESS NAME or CO-OWNER'S NAME (if applicable) | BUSINESS NAME (if applicable) |
| MAILING ADDRESS | MAILING ADDRESS |
| CITY, STATE, ZIP | CITY, STATE, ZIP |
| DAYTIME PHONE # | DAYTIME PHONE # |
| EMAIL | EMAIL |

| LAND INFORMATION | |
|--|---|
| Parcel Numbers Affected: _____ | |
| Section: _____ Property Address: _____ | |
| Existing/Proposed Zoning District: _____ | |
| Type of Activity Proposed (check and explain all that apply): | |
| <input type="checkbox"/> Hours of Operation | <input type="checkbox"/> Number of Employees |
| <input type="checkbox"/> Anticipated Customers | <input type="checkbox"/> Outside Storage |
| <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Outdoor Lighting |
| <input type="checkbox"/> Outside Loudspeakers | <input type="checkbox"/> Proposed Sign |
| <input type="checkbox"/> Trash Removal | <input type="checkbox"/> Six Standards of CUP (see back) |
| The statements provided are true and provide an accurate depiction of the proposed land use. I authorize that I am the owner or have permission to act on behalf of the owner of the property. | |
| Signature: _____ | Date: _____ |

SIX STANDARDS OF A CONDITIONAL USE PERMIT

Provide an explanation on how the proposed land use will meet all six standards.

1. The establishment, maintenance or operation of the conditional use will not be detrimental to or endanger the public health, safety, comfort or general welfare.

2. The uses, values and enjoyment of other property in the neighborhood for purposes already permitted shall be in no foreseeable manner substantially impaired or diminished by establishment, maintenance or operation of the conditional use.

3. That the establishment of the conditional use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district.

4. That adequate utilities, access roads, drainage and other necessary site improvements have been or are being made.

5. Adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public streets.

6. That the conditional use shall conform to all applicable regulations of the district in which it is located.