

CONDITIONAL USE PERMIT APPLICATION



12621 W. Hampton Ave Butler, WI 53007-1791

Phone: 262-783-2525

Permit #: _____

Date Submitted: _____

Fee: \$300.00, Fee may double if operating before inspections are completed

USE & BUSINESS DESCRIPTION

Address (including Suite #s):	Tax Parcel Number:
Business Name:	Zoning District:
Legal Description of the Property:	
Specify Section(s) of Zoning Ordinance(s) from which the Conditional Use Permit (CUP) is requested:	
All Proposed Business Activities and Use(s):	

MINIMUM SUBMITTALS

- Updated Occupancy Permit Application.
- A statement, in writing, by applicant and adequate evidence showing that the proposed conditional use shall conform to the standards set forth in section 54-348 hereinafter.
- Names and addresses of the applicant, owner of the site, architect, professional engineer, contractor and all property owners of record within 100 feet.
- Site Plan: Attach a document that details the buildings dimensions, parking areas, and signs. Further details may be required based on the scope of the project.

The Village may require additional information to be submitted to ensure that all Village requirements are met. The Applicant will be contacted if additional information is required to be submitted. The application is not considered complete until all additional information requested by the Village has been received.

Property Owner Statements and Understanding

Initial

I understand that the Village is under no obligation to issue a Conditional Use Permit and will do so only if the applicant successfully demonstrates that the proposed use is harmonious with the neighborhood and long-range goals of the Village.

I will notify the Village if any aspects of the conditional use changes. I understand that failure to do so may result in the revocation of the CUP.

I understand that a CUP is valid only if the conditions and restrictions of the permit are met. I understand that failure to comply with any aspect of the permit may result in a revocation of the CUP.

REQUIRED SIGNATURES

PROPERTY OWNER	APPLICANT
Owning Entity Name:	Company Name:
Print Contact Name:	Print Contact Name:
Signature:	Signature:
Mailing Address:	Mailing Address:
Phone:	Phone:
Email:	Email:
Date:	Date:

For Office Use Only

Village Board Approval Date: _____

Village Administrator or President Signature: _____