



City of Fitchburg  
 Planning/Zoning Department  
 5520 Lacy Road  
 Fitchburg, WI 53711  
 (608) 270-4200

## CONDITIONAL USE PERMIT APPLICATION

The undersigned owner, or owner's authorized agent, of property herein described hereby applies for a conditional use permit for the following described property:

**1. Location of Property:**

**Street Address:** \_\_\_\_\_

**Legal Description - (Metes & Bounds, or Lot No. And Plat):** \_\_\_\_\_

\_\_\_\_\_

\*\*\*Also submit in electronic format (MS WORD or plain text) by email to: **PLANNING@FITCHBURGWI.GOV**

**2. Current Use of Property:** \_\_\_\_\_

Private Events, Public Events(bands/Live Music, Latin/Salsa Dancing, Trivia, Stand Up Comedy For a Cause

**3. Proposed Use of Property:**

Future Sports Bar concidearion for futre plans

**4. Proposed Development Schedule:** \_\_\_\_\_

**5. Zoning District:** \_\_\_\_\_

**6. Future Land Use Plan Classification:** \_\_\_\_\_

\*\*\*Pursuant to Section 22-3(b) of the Fitchburg Zoning Ordinance, all Conditional Use Permits shall be consistent with the currently adopted City of Fitchburg Comprehensive Plan.

\*\*\*Attach three (3) copies of a site plan which shows any proposed land divisions, plus vehicular access points and the location and size of all existing and proposed structures and parking areas. Two (2) of the three (3) copies shall be no larger than 11" x 17". Submit one (1) pdf document of the entire submittal to [planning@fitchburgwi.gov](mailto:planning@fitchburgwi.gov).

Additional information may be requested.

**Type of Residential Development (If Applicable):** \_\_\_\_\_

**No. of Dwelling Units by Bedroom:**    1 BR \_\_\_\_\_    2 BR \_\_\_\_\_    3 BR \_\_\_\_\_    4 or More \_\_\_\_\_

**No. Of Parking Stalls:** \_\_\_\_\_

**Type of Non-residential Development (If Applicable):** \_\_\_\_\_

**Proposed Hours of Operation:** Tue-Thu 4pm to 12am, Frid-Sat 4pm-2am    **No. Of Employees:** \_\_\_\_\_

**Floor Area:** \_\_\_\_\_    **No. Of Parking Stalls:** \_\_\_\_\_

**Sewer:** Municipal \_\_\_\_\_    Private \_\_\_\_\_    **Water:** Municipal \_\_\_\_\_    Private \_\_\_\_\_

**Current Owner of Property:** \_\_\_\_\_

**Address:** \_\_\_\_\_    **Phone No:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_    **Phone No:** \_\_\_\_\_

**Respectfully Submitted By:** \_\_\_\_\_

Owner's or Authorized Agent's Signature

**\*\* It is highly recommended that an applicant hold at least one neighborhood meeting prior to submitting an CUP application to identify any concerns or issues of surrounding residents.**

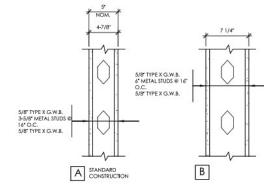
PLEASE NOTE - Applicants shall be responsible for legal or outside consultant costs incurred by the City. Submissions shall be made at least four (4) weeks prior to desired plan commission meeting.

**For City Use Only:**    **Date Received:** \_\_\_\_\_    **Publish:** \_\_\_\_\_

**Ordinance Section No.** \_\_\_\_\_    **Fee Paid:** \_\_\_\_\_

**Permit Request No.** \_\_\_\_\_

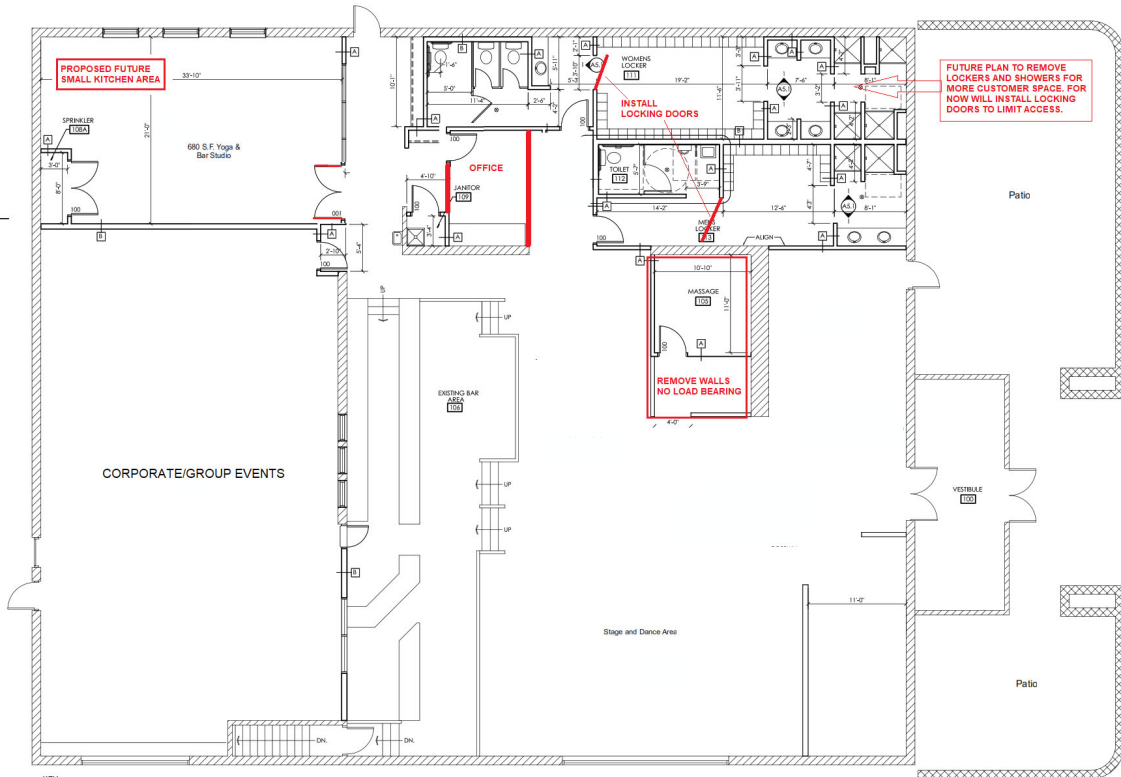
EXISTING FLOOR PLAN. PROPOSED CHANGES IN RED FOR PROPOSED USE.



WALL TYPES  
1-1/2" = 1'-0"

ARCHITECTURAL NOTES

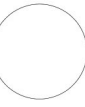
1. THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS INCLUDING FIELD VERIFICATION OF EXISTING CONDITIONS BEFORE STARTING WORK OR FABRICATING ANY MATERIALS. THE ARCHITECT SHOULD BE NOTIFIED OF ANY DISCREPANCIES FOUND.
2. DIMENSIONS ARE FROM FINISH TO FINISH DRYWALL UNLESS NOTED OTHERWISE.
3. EXISTING WALLS SHOWN THIS ON PLAN.
4. WALLS TO STRUCTURE SHOWN THIS ON PLAN. THESE WALLS TO RECEIVE SOUND INSULATION.
5. ALL WALLS NOT SHADED ARE 10'-0" A.F.F.
6. PROVIDE MOIST BLOCKING IN WALLS FOR CABINETS, SHELVES AND EQUIPMENT REQUIRING SUPPORT.



KEY  
 FIRE RATED WALL/DOOR/CEILING  
 FIRE RATED GLASS  
 FIRE RATED DOOR

preliminary not for construction

dm-architects  
 119 north main street  
 oregon w. 97375  
 info@dm-architecture.com



medpower training  
 xxxxx  
 mcdillon, w. 53xxx

medpower training  
 xxxxx  
 mcdillon, w. 53xxx

dm-architects  
 119 north main street  
 oregon w. 97375  
 info@dm-architecture.com





## Owner or Authorized Agent Acknowledgement

PLEASE NOTE - Applicants shall be responsible for legal or outside consultant costs incurred by the City. Submissions shall be made at least four (4) weeks prior to desired plan commission meeting.

By signing below, I certify that the information included with this application is true and correct, to the best of my knowledge. Any agent signing below verifies that he/she has the consent of the owner to file the application.

Owner's or Authorized Agent's Signature

03/19/2024

Date (DD/M WYYYY)