

PLANNING

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

CONDITIONAL USE PERMIT APPLICATION

unit 102 Building A & B

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: 2182 County Rd MM, Fitchburg 53575

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: _____
- 3. Proposed Use of Property: hawn moving and snow removal
- 4. Proposed Development Schedule: _____
- 5. Zoning District: B-H

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.

Additional information may be requested.

Type of Residential Development (if Applicable): N/A
No. of Dwelling Units by Bedroom: 1 BR 2 BR 3 BR 4 or More

No. of Parking Stalls: N/A
Type of Non-residential Development (if Applicable): N/A

Proposed Hours of Operation: 7-7 Summer / snow when it No. of Employees: 11

Floor Area: Building has 4,800 sq ft No. of Parking Stalls: Parking is available behind building 2 parking stalls
Sewer: Municipal Private Water: Municipal Private

Building C10

Current Owner of Property: Shawn Kerns
Address: 2182 County Road MM Fitchburg Phone No: 608 445-2459

Contact Person: Shawn Kerns & Carmen Mendes da Costa
Email: Carmen mdc25@gmail.com

Address: 2182 County Rd MM Fitchburg Phone No: 608-235-8329
Respectfully Submitted By: Shawn Kerns

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. _____

CHECK # 1057 RECEIVED For \$500.00



Conditional Use -
Owner or Authorized Agent Acknowledgement

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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 Conditional Use 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

9-16-2024

Date (DD/MM/YYYY)