

**TOWN OF UTICA
CRAWFORD COUNTY WI**

CONDITIONAL USE PERMIT APPLICATION

Name of applicant: _____

Date _____

Applicant Address: _____

Applicant Phone Number: (home) _____

(cell) _____

Applicant Email Address: _____

Property Parcel Number: _____

Property Address: _____

Description of Proposed Conditional Use:

Justification for Conditional Use:

Describe why the proposed Conditional Use will not create a Substantial or undue adverse impact on nearby property, the Environment, or public health, safety, or general welfare:

**Name and Addresses of
Surrounding Landowners**

1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

Will your business/use be requesting any variances for site setbacks from property lot lines and or Township and or County State Roadways?

Yes: _____ **No:** _____

If yes, explain: _____

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What type of building, if any, will the business/use require?

Existing/describe: _____

New/describe: _____

Note: Any new structure would also require a zoning permit application to be filed with the Town of Utica.

Are any special permits for other jurisdictions required in operating the business?

If yes, describe: _____

Does the property currently take advantage of Farmland Preservation Credits? _____

What types of vehicle traffic will the proposed business create, such as size and weight of vehicle traffic, is driveway adequate or need new construction? _____

Number of employees besides yourself? _____

Typical number of daily customers? _____

What type of environmental impact will the business/use create?

Noise generated from operation, waste disposal, air pollution, surface drainage:

What type of security, lighting, fencing is needed? _____

Hours of Operation

1. Sketch/map showing location of buildings and/or lot for Conditional Use.
2. Location Map: Show all property and lands within 300 feet of affected area, current zoning of all, and any other jurisdiction that maintains control over the property.
3. Site plan.
4. Description of new structures or alterations of existing structures.

CONSENT OF OWNER:

The undersigned owner of the property hereby consents to this application for Conditional Use. The undersigned hereby expressly consents to Wisconsin Statute Section 943.13(3m). The Zoning Administrator or designee may have access to the property at reasonable times for the purpose of investigation and determining compliance with any Conditional Use Permit issued pursuant to this application.

Date: _____ Owners

Name: _____
Owners

Signature: _____

CERTIFICATION OF APPLICANT:

The undersigned applicant(s) hereby certifies the foregoing information is true and correct to the best of their knowledge. The undersigned agrees to reimburse the Town for any costs and expenses incurred by the Town for any third-party consultants deemed necessary by the Town, in order to properly evaluate this application. The undersigned hereby expressly consents pursuant to Wisconsin Statutes Section 943.13 (3m), stating that the Zoning Administrator or designed may have access to the property at reasonable times for the purposes in investigating and determining compliance with any Conditional Use Permit issued to this application.

Date: _____ Applicant

Name: _____
Applicant

Signature: _____

Town of Utica/Application Approval Date: _____

Chairman or Administrator Signature: _____

Special Conditions:

