

# Applying for a Conditional Use Permit

## City of Bayfield, Wisconsin

Date filed: \_\_\_\_\_ Date of Pub.: \_\_\_\_\_  
Filing Fee: \$300.00 Paid: \_\_\_\_\_  
Notices sent: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Requests for Conditional Use Permits from the Planning Commission are considered at a public hearing. In order to be considered at the next meeting, completed applications must be received by the Zoning Administrator no later than NOON on:

\_\_\_\_\_

Application Deadline

\_\_\_\_\_

Meeting Date

### **ALL applications must include:**

1. Application forms completely filled out, signed and dated.
2. A site sketch, drawn to scale, indicating the location of all existing structures, and a parking plan.
3. A written description of the proposed use.
4. A copy of the recorded document establishing current ownership.
5. Any other information deemed necessary by the Commission or any other boards, commissions or officers of the City.

A notice of the date and time of the hearing will be mailed to all property owners within 100 feet of your property. The hearing notice will also be printed two times in the newspaper, the last being at least seven days prior to the hearing.

The property owner or his/her representative shall be present at the public hearing to present the request to the Commission and answer any questions. Should an appearance not be made, or should insufficient information be presented, the request will not be considered and will be placed on the agenda for the next meeting.

**I have read and understand my responsibilities regarding  
my request for a Conditional Use Permit to the Plan Commission.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# CONDITIONAL USE PERMIT APPLICATION

34 South Broad Street Unit 101, Bayfield, WI 54814

715-779-5712

1. Applicant/Property Owner(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Do you own the property? Yes \_\_\_\_\_, No \_\_\_\_\_. If not, closing date: \_\_\_\_\_

2. Consultant/Engineer: \_\_\_\_\_  
Street & Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Zoning Classification of Property: \_\_\_\_\_

4. Legal Description of Property: \_\_\_\_\_

5. Conditional Use Permit requested for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If for B&B's, number of rooms: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTES:**

Only complete applications will be processed.

**Permits May Be Revoked** if misrepresentation of any of above information or attachments is found to exist.

**Permit shall Expire** within twelve (12) months unless the use is commenced, construction is underway or the current owner possesses a valid building permit under which construction is commenced within six (6) months of the date of issuance and which shall not be renewed unless construction has commenced and is being diligently pursued.

**Permit is Null and Void** if issued in error. It is understood that any permit issued on this application will not grant any right or privilege to erect any structure or to use any premise for any purpose that is prohibited by the City Zoning Ordinance or any other state or local laws.

**Changes** in the plans or specifications submitted in the original application shall be reported to the Zoning Administrator. Changes may require a new Conditional Use Permit Application.