



Office use only

CONDITIONAL USE PERMIT APPLICATION

The Conditional Use Permit application is reviewed by the Planning Commission at their regularly scheduled meeting. A public hearing is required for all conditional use permit applications submitted. All neighboring property owners within 100 feet of the subject property will be notified of the public hearing and will have an opportunity to voice their concerns or support for the request. After the public hearing, the Planning Commission will make their recommendation to the Village Board.

- Filing fee:** \$350 non-refundable fee paid with application.
- Due date:** Completed application and materials are due by the 15th of the month
- Meetings:** Planning Commission – 1st Monday of every month
Village Board Meeting – 2nd Wednesday of every month

AN INCOMPLETE APPLICATION WILL DELAY REVIEW

CONTACT INFORMATION

Property Owner: _____ **Company Name:** _____

Property owner mailing address: _____

Phone: _____ Second Phone: _____

Email: _____

Agent Name: _____ **Company Name:** _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Second phone: _____

Email: _____

PROPERTY INFORMATION

Address of subject property: _____

Zoning district _____ Tax parcel number _____

Lot area: _____ sq. ft.. Lot dimensions: _____ x _____ ft.

List the current use of the property and any previous improvements:

Identify all non-conforming structures and /or land uses on the property, if applicable:

Has a prior application for a conditional use permit been made with respect to this property?

Yes ___ No ___ If yes, was the permit granted and if so, when? _____

CURRENT REQUEST

Explain the request for a conditional use permit, referencing ordinance numbers, if applicable.

Attached supplemental materials, such as survey maps, plat maps, documentation etc., if applicable.

CERTIFICATION

I certify that the information I have provided in this application is true and accurate and I have submitted a **\$350 non-refundable fee** payable to the Village of Baldwin. I understand that there may be additional charges depending on the level of review needed.

Owner/agent signature: _____ Date: _____
(Required)

Contractor signature: _____ Date: _____
(Optional)

REMIT TO:

Village of Baldwin
400 Cedar St. P.O. Box 97
Baldwin, WI 54002
715-684-3426
planning@villageofbaldwin.com