



Development Services Department
 City of Marshfield
 207 West 6th Street
 Phone: 715-486-2077 Fax: 715-384-7831
 Email: developmentsservices@ci.marshfield.wi.us

Conditional Use Permit Application

Office Use Only

Date Received:	Fee Receipt #:	Zoning District:	Parcel #:
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Site Information

Property Address:	Present Land Use:
Legal Description:	

Applicant Information

Name:	Phone:	Email:
Address:		
Applicant is: Owner Authorized representative/other (describe):		
Owner information (if different than Applicant)		
Name:	Phone:	Email:
Address:		

Details of Request (attach additional pages, if needed)

Type of Conditional Use Request (check all that apply)		
<input type="checkbox"/> Conditional Home Occupation <input type="checkbox"/> Amending a previous CUP	<input type="checkbox"/> Group or Large Development <input type="checkbox"/> Land Use(s) allowed as Conditional Use	<input type="checkbox"/> Exception(s) to be issued by Plan Commission <input type="checkbox"/> Other (Limited, non-conformity, etc.)
Narrative of proposed Conditional Use:		

Fees

Application Fee: \$250.00

Included with this application (check all that apply):

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Building, Landscaping, & Lighting Plans (if applicable) | <input type="checkbox"/> Survey/CSM |
| <input type="checkbox"/> Photos | <input type="checkbox"/> Business Plan | <input type="checkbox"/> Additional pertinent or requested info |

Submission of Materials: Required & requested documentation must be submitted to the Development Services Department by the submission deadline in order for the application to be placed on the agenda for review by the Plan Commission.

Attendance: Attendance at Plan Commission and Common Council meetings is not required, but it is strongly advised that applicants or their representatives attend. Failure to attend can result in the denial or delay of review due to lack of information.

Fees: The fee for a Conditional Use permit is \$250, and shall be submitted with the application. This fee is non-refundable, and will not be refunded if the request is denied by the Plan Commission or Common Council.

The undersigned's signature below indicates the information contained in this application and accompanying site plan or materials is true and correct. The undersigned acknowledges the work will be in conformance with ordinances & codes of the City of Marshfield and Wisconsin Statutes and Building Codes; that this form is not a building permit but only an application for a Conditional Use permit, and that work is not to start without the proper permit(s) and approval(s); and that work will be in accordance with the approved plans reviewed with this application. The final review of the request is by the Common Council. The undersigned authorizes City Staff, representatives of the City, Plan Commission members, and Common Council members to visit and inspect the site location listed on this application.

Applicant Signature: _____ Date: _____