

Town of Port Washington
Town Hall, 3715 Highland Drive, Port Washington, WI 53074
Town Clerk: (262) 284-5235 fax (262) 284-5236
email: clerk@town.port-washington.wi.us

FORM 6: CONDITIONAL USE **(Agricultural, Residential, Commercial, Industrial)**

To be submitted with Standard Application Form

SUPPLEMENTAL REQUIREMENTS

Please carefully read the General Instructions of Form 1 for submitted information and process. In addition to Form 1, **the following must be submitted for a conditional use permit:**

1. This Form 6 with required information (#3 through 8 below) and completed checklist (page 2).
2. Proper fees as described on Form 1.
3. Type of Conditional Use Permit: Agricultural____, Residential____, Commercial____, Industrial____
4. Written Proposal Description; legal description of property, a statement detailing the reasons and background for this request; including anticipated start of construction, phasing schedule, appropriate value of the project, anticipated square footage of structures, and any special site and/or project matters the Town must be made aware of.
5. A list of all property owners and addresses within 500 feet of the proposal.
6. Any other information or studies particular to the site, such as up-to-date wetland delineation, shoreland zoning approval for Ozaukee County, and access approval if adjacent to a State or County Highway.
7. An extended action form may be needed to allow for a positive action on the plat (please discuss with Town Clerk or Town Planner if needed).
8. Any deed restrictions (12 copies).

Submitted materials must be consistent with the Town of Port Washington Zoning and Subdivision Ordinance, particularly Section 340-35, and all other pertinent sections of Town Ordinances, State Statutes, Ozaukee County shoreland rules, the Town Land Use Plan and proper planning and land division practices. The Town shall not place any items on the agenda for Plan Commission first or second consideration until it has been verified that the application is complete in accordance with all requirements of Town ordinances and those specified in this and other application forms. In the case of a Conditional Use Permit the submitted date, for the purposes of Zoning Ordinance Section 340-144, is the date that the entire application packet is completed (as dated by Town official on page 2).

The complete application packet, including the entire required number of copies, must be submitted at least 14 days prior to the Plan Commission meeting, at which the item will be heard. Resubmittal of revised plans may constitute a new submittal for timeframe purposes.

I understand the Town policies as stated herein.

Date	Signature of Applicant(s)
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Completed by Applicant		
Date Submitted	Date of Plan Commission	Signature of Staff Member
<p>SUBMITTED: <i>(To be completed by applicant: Check each individual blank as information is confirmed. If not applicable, mark N/A.)</i></p> <p><input type="checkbox"/> Standard Application and Additional Required Information sheet (Forms 1 and 6)</p> <p><input type="checkbox"/> Plat of Survey prepared showing the location, boundaries, dimensions, elevations, uses and size of the following:</p> <p><input type="checkbox"/> Names and addresses of the applicant(s), owner of the site, architect, professional engineer, contractor, and all opposite and abutting property owners of record.</p>		
<p>General Information</p> <ul style="list-style-type: none"> <input type="checkbox"/> Surveyor's certificate and date <input type="checkbox"/> Graphic scale (minimum 1" = 40') <input type="checkbox"/> North arrow <input type="checkbox"/> Names and addresses of the owner and surveyor <input type="checkbox"/> Subject site <input type="checkbox"/> Current zoning on and adjacent to the proposed subdivision <input type="checkbox"/> Existing and proposed structures <input type="checkbox"/> Existing and proposed easements, streets and other public ways <input type="checkbox"/> Off-street parking, loading areas, and driveways <input type="checkbox"/> Existing highway access restrictions <input type="checkbox"/> Existing and proposed street, side, and rear yard 		
<p>Additional information as requested by the Building Inspector or Plan Commission</p> <ul style="list-style-type: none"> <input type="checkbox"/> Location, elevation and use of any abutting lands and their structure within one hundred fifty (150) feet of the subject premises <input type="checkbox"/> Mean and high water line <input type="checkbox"/> Mean and historic high water lines on or within forty (40) feet of the subject premises <input type="checkbox"/> Type, slope, degree of erosion, and boundaries of soil as shown on the operational soil survey maps <input type="checkbox"/> Wetlands <input type="checkbox"/> County zoning districts <input type="checkbox"/> Existing and proposed landscaping 		
<p>Description of Site</p> <ul style="list-style-type: none"> <input type="checkbox"/> Description of subject site by lot, block, and record subdivision or by metes and bounds <input type="checkbox"/> Address of the subject site <input type="checkbox"/> Type of structure <input type="checkbox"/> Proposed operation or use of the structure or site <input type="checkbox"/> Number of employees <input type="checkbox"/> Zoning district within which the subject site lies 		
<p>Miscellaneous</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any other features pertinent to proper division <input type="checkbox"/> All existing buildings and appurtenances (i.e. fences, hydrants, utilities, etc.) located on the property and within its influence to the centerline of adjoining streets <input type="checkbox"/> Setback or building lines required by the Plan Commission <input type="checkbox"/> Additional yards required by the Plan Commission 		

Architect			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		

Professional Engineer			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		

Registered Surveyor			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		

Contractor			
Name			
Company			
Address	City	State	Zip
Daytime Phone ()	Fax ()		
Cell	Email		