

CONDITIONAL USE PERMIT APPLICATION

CITY OF BOSCOBEL • 1006 WISCONSIN AVENUE • BOSCOBEL, WI 53805
 PHONE (608) 375-5001 • FAX (608) 375-4750 • www.BoscobelWisconsin.com

PERMIT #:

Permit Fee: \$ _____ Fee Paid:

Approved By: _____

Approval Date: / /

Items that must be submitted with your application:

- **Written Legal Description of Conditional Use Permit boundaries.**
- **Scaled Drawing of the property showing existing/proposed buildings, setback requirements, driveway, parking areas, outside storage areas, location/type of exterior lighting, any natural features, and proposed signs.**
- **Scaled map showing neighboring area land uses and zoning districts.**
- **Written operations plan describing the items listed below (additional items needed for mineral extraction sites).**
- **Written statement on how the proposal meets the 6 Standards of a Conditional Use.**

OWNER	AGENT (Contractor, Coordinator, Other)
NAME	CONTACT NAME
BUSINESS NAME or CO-OWNER'S NAME (if applicable)	BUSINESS NAME (if applicable)
MAILING ADDRESS	MAILING ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
DAYTIME PHONE #	DAYTIME PHONE #
EMAIL	EMAIL

LAND INFORMATION	
Parcel Numbers Affected: _____	
Section: _____ Property Address: _____	
Existing/Proposed Zoning District: _____	
Type of Activity Proposed (check and explain all that apply):	
<input type="checkbox"/> Hours of Operation	<input type="checkbox"/> Number of Employees
<input type="checkbox"/> Anticipated Customers	<input type="checkbox"/> Outside Storage
<input type="checkbox"/> Outdoor Activities	<input type="checkbox"/> Outdoor Lighting
<input type="checkbox"/> Outside Loudspeakers	<input type="checkbox"/> Proposed Sign
<input type="checkbox"/> Trash Removal	<input type="checkbox"/> Six Standards of CUP (see back)
The statements provided are true and provide an accurate depiction of the proposed land use. I authorize that I am the owner or have permission to act on behalf of the owner of the property.	
Signature: _____ Date: _____	

