

VILLAGE/TOWN OF BLOOMFIELD

VILLAGE: PO BOX 609 – TOWN: PO BOX 704, PELL LAKE, WI 53157
Planning and Zoning Office (262) 279-6039 Ext. 3 • Fax (262) 279-0196

APPLICATION FOR CONDITIONAL USE PERMIT

_____ Town _____ Village

Fee: \$600.00

Please note: A completed application, along with a plat of survey, scale map or site plan, all required information (listed on page 2), and fees must be received by the Zoning Administrator no later than the last day of any month in order to be put on the Planning and Zoning Commission's next agenda.

The undersigned hereby applies to the Village/Town of Bloomfield's Planning and Zoning Commission pursuant to the Municipal Code, for a Conditional Use Permit and represent as follows:

OWNER OF SITE

APPLICANT INFORMATION

(if other than property owner)

(Name)

(Name)

(Mailing Address)

(Mailing Address)

(City, State, Zip)

(City, State, Zip)

(Phone #)

(Phone #)

(Site Address)

(Site Address)

Tax Key # of Site: _____

Zoning District: _____

Legal Description of Site: _____

Type of Structure (if any): _____

Proposed use of Structure or Site in Detail: _____

I understand that if a non-agricultural conditional use is granted in the A-1 Zoning District that has been enrolled in the Farmland Preservation Tax Credit Program, there may be a payback of credits received due the State of Wisconsin.

(Property Owner's Signature)

(Applicant's Signature)

The following information must be submitted before this application will be processed:

- _____ Fee of \$600.00 made payable to: Bloomfield Treasurer
- _____ Plat of Survey or scale map of subject site
- _____ Site Plan showing location of buildings, roads, and other pertinent facilities
- _____ Highway access locations
- _____ Waste Disposal Plan
- _____ Operational Plan
- _____ Number of employees or users to be accommodated: _____
- _____ Special plans required to control the following: Screening, tree cutting, earthmoving, dust, noise, air, and water pollution, fire, explosion, glare, heat, radioactivity, electrical disturbance, or vibration.
- _____ Storm Water/Erosion Control Plan
- _____ Landscape Plan
- _____ Signage Plan
- _____ Lighting Plan
- _____ Start up and completion date for installation of all improvements:
Start up: _____ **Completion:** _____

FAILURE TO APPEAR SHALL RESULT IN THE HEARING EITHER BEING POSTPONED AND/OR THE CONDITIONAL USE APPLICATION BEING POSTPONED OR DENIED.

(Property Owner's Signature) _____
(Date)

COST RECOVERY AGREEMENT

I/We, the undersigned, do hereby understand and agree that as an applicant or petitioner of the Village/Town of Bloomfield, I/We will be responsible for all normal fees payable by an applicant or petitioner (e.g. application fees, engineer fees, attorney fees, etc.). I/We further understand and agree to be responsible for any additional or consequential costs to the municipality as a result of my/our application or petition (i.e. engineering, legal, or other professional services). All fees and costs shall be paid within thirty (30) days of invoice and must be paid prior to the issuance of any permit or license. If payment is not made, said fees and costs may be assessed against the real property as a special charge.

(Property Owner's Signature) _____
(Applicant/Agent Signature)

(Property Owner's Printed Name) _____
(Applicant/Agent Printed Name)

The Village/Town of Bloomfield's Planning and Zoning Commission may request more information if deemed necessary to properly evaluate your request. THE LACK OF INFORMATION REQUESTED SHALL IN ITSELF BE SUFFICIENT CAUSE TO DENY A PETITION. It is strongly suggested that all applicants schedule a pre-application review of their completed application with the Zoning Administrator, prior to submittal to the Planning and Zoning Commission. If you have any questions regarding the procedure, please contact the Zoning Administrator at 262-279-6039 ext. 3.