

GRANT COUNTY

CONSERVATION, SANITATION AND ZONING DEPT

150 West Alona Lane, Suite #1,
Lancaster, WI 53813

sanitation@co.grant.wi.gov
608-723-6080

CONDITIONAL USE APPLICATION PROCEDURES

FEE: \$300.00 for a Conditional Use Permit

Steps:

- 1) Complete the conditional use permit (CUP) application and submit the fee to the Conservation, Sanitation and Zoning Department (CSZD). All property owner(s) of record must sign the application.
- 2) If only a portion of a larger existing parcel or part of a base farm tract is being proposed for the CUP, provide a land survey map from a licensed surveyor.
- 3) Contact the Town the property is located in and request a CUP hearing.
- 4) Present the Township participation form & your request at the Town CUP hearing.
- 5) Return completed Township participation form to CSZD prior to Conservation, Sanitation and Zoning Committee (CSZC) public hearing. **If not received and accepted by the CSZD in time for the public hearing and the request is postponed as a result, the applicant shall be required to pay another application fee.**
- 6) Final approval/denial is determined during the CSZC meeting.

Application:

- Only original documents are accepted.
- If an agent is to sign the application, written proof of agent authority is required.
- If the property is in a Trust, the Trustee must sign the application and provide proof of authority with the names and addresses of all those with a beneficial interest in the Trust.
- The legal description under "Property Location" can be obtained from: (1) Property tax bill, (2) Plat of Survey, (3) Title policy, (4) From a Licensed Surveyor if a land division is proposed when rezoning a portion of a parcel.
- An attached plot plan drawn to scale or with dimensions is required showing the locations, boundaries, uses and sizes of all existing and proposed structures, property lines, road right-of-way lines, easements, driveways, and all other pertinent features.

CSZ Committee Hearing Public Notice:

- Conditional Use Permit: Requires a class II posting (request is posted twice, for two consecutive weeks)

CSZ Committee Hearing:

- Rationale for CUP must be given by the petitioner and with information provided that the proposed CUP and/or associated structures are in accordance of the relevant ordinance(s) and are not adverse to the environment and community.
- The petitioner, petitioner's attorney or agent may attend the public hearing and present testimony. This presentation can involve additional materials that are relevant to the CUP request. The presentation should be kept as short as possible.
- The order of presentation will be: (1) Request is read into the record, (2) CSZ staff findings, (3) Petitioners presentation, (4) Persons appearing in support, (5) Persons appearing in opposition, (6) Rebuttal, (7) Decision
- All materials presented as evidence and exhibits by the petitioner may be retained by the CSZC. All questions arising from the public shall be directed to the CSZC Chairperson.
- CSZC makes final approval/denial determination
- Public comments must be submitted 5 business days prior to the public hearing

GRANT COUNTY CONDITIONAL USE PERMIT APPLICATION

sanitation@co.grant.wi.gov

Phone: 608-723-6080

Office use:

Tax Parcel # _____ Fee Paid \$ _____ Date Received: _____

County Zoning District: _____ SPO Zoning District: _____ FIRM/Flood Study: _____

Petition # _____ CSZC Meeting Date: _____ Township Participation Form Date: _____

Applicant:

Owner(s) Name _____

Mailing Address _____

Phone# (Day &/or Night) _____

County Supervisor Name _____

County Supervisor Address _____

Property Location:

_____ 1/4 _____ 1/4 Sec. _____ T _____ N R _____ W

Lot _____ Block _____ Addition _____

Subdivision/CSM# _____

Town of _____

Town Clerk Name _____

Town Clerk Address _____

Property Information:

Total area of the base farm tract (total acreage of the contiguous property) is: _____ acres

Total area of the proposed parcel(s) is: _____ acres/sq. ft.

Current use is: _____ **Proposed use is:** _____

Current Zoning:

_____ District of the Grant County Comprehensive Zoning Ordinance.

Conditional Use Permit Request:

☐ Conditional Use Permit on the: ☐ Entire parcel or ☐ On a portion of the parcel under
_____ of the Grant County Comprehensive Zoning Ordinance

I/We the undersigned are applying for a Conditional Use Permit for the above described property and I/We hereby state that the information on this application, the attached plot plan and materials presented as evidence or exhibits pursuant to this request are accurate. I/We the undersigned property owner(s) hereby grant permission to Grant Co. CSZ Dept. staff to enter upon the above described property at their discretion during normal working hours to acquire information pursuant to this request. I/We the undersigned property owner(s) hereby grant permission for the Grant County CSZ Committee hearing to be held on the above described property at the discretion of the Committee Chairperson.

Property Owner(s) Signature _____

Date _____

GRANT COUNTY CONSERVATION, SANITATION AND ZONING DEPARTMENT

REQUEST FOR TOWNSHIP PARTICIPATION

APPLICANT: *To get this form completed by the Town, have your request placed on the Town Board Meeting Agenda. To ensure that the CSZ Committee or the Board of Adjustments will hear your request, be sure to return this completed form with your application.*

Section – 1

APPLICANT COMPLETES SECTION - 1

To the request for (Owner(s) Name) _____

Property Address _____ Tax Parcel# _____ Acres: _____

Type of Request: ☐ Conditional Use Permit

Narrative of Request: _____

Section - 2

TOWN BOARD: PLEASE COMPLETE SECTION - 2

----- Questions 1 through 2.b. must be answered to validate this document -----

CIRCLE ONE

1 - Does the town, have any regulations in addition to Grant County

Zoning ordinance (ie: town ordinance) that would apply to the request? ----- **Yes** **No**

If yes – please explain: _____

2 - Is the Town in favor of the conditional use permit (CUP) request? ----- **Yes** **No**

2.a. – If yes, does the Town wish to place any conditions on the CUP? ----- **Yes** **No**

CONDITIONS: (Please use the back of this page if you need more room)

- _____
- _____
- _____

THE TOWN OF _____ TOWN BOARD ON THIS DATE _____

☐ DOES NOT OBJECT TO THE REQUEST

☐ OBJECTS TO THE REQUEST

Board Vote: Number In-Favor _____ Number Opposed _____ Number Abstained _____

Reason(s) for the town board decision: _____

CHAIRMAN

CLERK

SUPERVISOR

SUPERVISOR

UPON COMPLETION RETURN ORIGINAL TO APPLICANT