



**Village of Sister Bay**  
 2383 MAPLE DRIVE • SISTER BAY, WI 54234  
 PHONE: (920) 854-4118 • FAX: (920) 854-9637  
 E-MAIL: INFO@SISTERBAYWI.GOV

## CONDITIONAL USE PERMIT APPLICATION

▼ THIS AREA FOR OFFICE USE ONLY ▼	
<b>Account No.</b>	<b>Permit Issued Date</b>
Fee Amount Paid:	Receipt #:

NAMES & MAILING ADDRESSES	PROPERTY DESCRIPTION
Applicant (Agent)	Parcel Identification Number (PIN) <b>181-</b>
Street Address	Subdivision or CSM (Volume/Page/Lot)
City - State - Zip/Code	Address Of Property ( <b>DO NOT</b> Include City/State/Zip Code)
Property Owner (If different from applicant)	Is this property connected to public sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	Is this property connected to public water? <input type="checkbox"/> Yes <input type="checkbox"/> No
City - State - Zip/Code	

### CONTACT PERSON

Name and daytime phone number (include area code) of a person we can contact if we have any questions about your application.

Name \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

PROPERTY USE	PROPOSED PROJECT
<p align="center"><b>Current Use Of Property</b></p> <input type="checkbox"/> Vacant Property <input type="checkbox"/> Single-Family Residential <input type="checkbox"/> Business <input type="checkbox"/> Commercial <input type="checkbox"/> (Describe below) <input type="checkbox"/> Active-Working Farm Operation Other _____	<p align="center"><i>(Please check/complete ALL that apply below)</i></p> <input type="checkbox"/> Pond <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Filling <input type="checkbox"/> Commercial <input type="checkbox"/> Grading <input type="checkbox"/> Multi-Family <input type="checkbox"/> Dredging <input type="checkbox"/> Other _____
<p align="center"><b>Proposed Use Of Property</b></p> <input type="checkbox"/> Single-Family Residential <input type="checkbox"/> Commercial Other _____	Total Area _____                      Height _____ Width (Overall) _____                      No. Stories _____ Length (Overall) _____                      No. Employees _____

**PLEASE COMPLETE THE SITE PLAN ON THE ATTACHED PAGE.**

**I AGREE TO MARK OR STAKE OUT THE LOCATION OF THE PROPOSED PROJECT ON THE SITE.**

### CERTIFICATE

I, the undersigned, hereby apply for a Conditional Use Permit and certify that all the information both above and attached is true and correct to the best of my knowledge. I affirm that all work performed will be done in accordance with the Sister Bay Zoning Code and with all other applicable laws and regulations. I hereby authorize the Sister Bay Zoning Administrator to enter the above-described property for purposes of obtaining information pertinent to my application request and to conduct land use code inspections.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Contact Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

# SITE PLAN

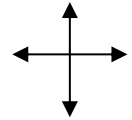
## INSTRUCTIONS

- INDICATE north and ENTER the dimensions of the property.
- SKETCH the location of the well, septic system (tank/field) and all other buildings present on the property.
- SKETCH the location of the proposed project (include dimensions) and SHOW the shortest distance from the project to the:

- Well
- Adjacent Buildings
- Edge Of Lake/Stream/Wetland
- Septic Tank & Drain Field
- Rear & Side Property Lines
- Center(line) of Road/Highway
- Right-of-Way of Road/Highway

**NOTE:** When showing distances less than 300 feet, please measure and show distance to the "nearest foot" (do not estimate). Distances over 300 feet, may be estimated.

- LABEL all abutting roads, highways, lakes, streams or wetlands.
- LABEL the "USE" of all buildings shown.
- SHOW the outside dimensions of all structures on the property.
- Mark driveway location and length and width on site plan.



Width \_\_\_\_\_

Rear property line OR Edge of water or wetland

(North Arrow)

Side Property Line

Side Property Line

▲ Right-of-Way Line of Road/Highway ▲

Width \_\_\_\_\_

▼ Center(line) Of Road/Highway ▼

Name Of Road/Highway \_\_\_\_\_

# APPROVALS

▼ AREA BELOW THIS LINE FOR OFFICE USE ONLY ▼

## PLAN COMMISSION ACTION

Date Of Decision \_\_\_\_\_ Decision \_\_\_\_\_

Zoning District _____	<b>Zoning Administrator</b> _____ <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
Overlay District _____	Date _____

▼ AREA BELOW THIS LINE FOR OFFICE USE ONLY ▼

Road/Highway Designation	Existing Right-Of-Way	Required Road/Highway Setback	Maximum Lot Coverage Allowed _____
<input type="checkbox"/> Village <input type="checkbox"/> US/State <input type="checkbox"/> County <input type="checkbox"/> Private		From Right-of-Way _____ From Centerline _____	Existing _____ Proposed _____ Aggregate _____