

City of Cudahy

Application for Conditional Use Permit

Property Address			
Owner Name			
Owner Address			
City			
Applicant Name			
Address			
City	State	Zip	Ph
Architect/Engineer			
Address			
City	State	Zip	Ph
Contractor			
Address			
City	State	Zip	Ph

Parcel / Tax Key Number	
Legal Description	
Type of Structure	
Proposed Conditional Use	
Number of employees	

Applicant Signature _____	Date _____
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Department Use Only

Date Received: _____ By: _____

Plan Commission Action: Approved _____ Not Approved _____ Date _____

Attachments:

- 1 **Plat of survey** prepared by a registered land surveyor showing location, property lines, dimensions, elevation to City datum, uses, and sizes of the following: subject site, existing and proposed structures, easements, streets, and other public ways; off street parking, loading areas, driveways, and all yards. Survey shall also show location, elevation, and use of abutting lands and their structures within 40 feet of the subject site.
- 2 **Detailed site plan** shall include subject building and adjoining buildings, description of the use of the adjoining buildings, parking (ingress and egress), landscaping/screening, and lighting.

Plat of survey and/or the detailed site plan may not be necessary for all requests. Check with the Inspection Department.

City of Cudahy

Conditional Use Permit - Review and Submittal Checklist

The following is the information that may be necessary to review your application, as provided under Section 17.1006 of the Cudahy Municipal Code. Additional information may be required after the review of your proposal. This checklist is provided for your benefit and to aid the City in determining if your application contains the minimum information necessary for consideration of your application. Please do not turn in your application until all items applicable to your Conditional Use have been checked off. **Incomplete submittals will not be accepted or acted upon. This checklist must be submitted for your application review.** Contact the Inspection Department with any questions.

	Applicant	Staff
Detailed site plan submitted showing:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 Existing and proposed structures: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
2 Architectural plans / details: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
3 Neighboring uses: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
4 Parking areas: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
5 Driveway locations: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
6 Street access: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
7 Traffic generation / circulation: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
8 Site drainage (storm water management): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
9 Landscaping: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
10 Fencing / screening: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

Applicant

Staff

Detailed Plan Of Operation Including:

1 Starting date: _____

2 Completion date: _____

3 Hours of operation: _____

4 Number of employees: _____

5 Detailed business plan: _____

