CONDITIONAL USE APPLICATION

Chapter 170 – Town of St Joseph Zoning Ordinance

APPLICANT INFORMATION

Applicant Name:_____Owner Name: (if not applicant)_____

Mailing Address:_____Mailing Address:_____

_____

Daytime Phone#: _____Daytime Phone #: _____

Email: _____Email: _____

SITE INFORMATION

Site Address:_____

Property Location:_____1/4_____1/4, Sec_____, T,_____N.,R._____W., Town of St. Joseph

Property Identification Number(s):_____*Complete Legal Dsecription must be attached*

LAND USE INFORMATION

State the Nature of your Request:

_____

Is there a conservation easement on your land? Yes No

See attached application narrative and application procedure form.

FEES

Application Fee: Trad.Res., Pres. Res., Ag & Rural Res.	$ 450.00 (*plus deposit for escrow of $500 if needed.)*
Application Fee: Trad. Comm., Town Center Comm., Rural Mixed, Business Park	$ 300 .00 Pre application fee and $ 450.00 (*plus $2500 deposit for escrow for professional expenses)*
Supplemental Application Fees: $225 X _____# of additional requests	$_____
TOTAL FEES:	**$_____**

- All application fees must be submitted with application and are non-refundable
- Additional escrow fees paid as directed by the Town Clerk
- Fees will be doubled for applications submitted after construction project initiated, and/or written enforcement action has commenced

I attest that the information contained in this application is true and correct to the best of my knowledge.

APPLICANT SIGNATURE:_____DATE:_____

OWNER(if not applicant) Signature:_____DATE:_____

OFFICE USE ONLY

Pre-Application Meeting_____ With:_____

Complete Application Accepted:_____ By:_____

Fee Received:_____$_____ Receipt #:_____Scheduled Hearing Date:_____

CONDITIONAL USE APPLICATION NARRATIVE

Please answer the following questions and provide any additional information that supports your request (attach additional pages if necessary):

1. Describe the details of your request:

2. Describe the impact of your request on the enjoyment and value of surround properties. If there is no impact, explain why:

3. Describe the compatibility of your request with the uses and character of the surrounding area:

4. Describe how your request is consistent with the spirit and intent of the zoning district in which your property is located. *(Please refer to the purpose statement for your zoning district in the Town of St Joseph Zoning Ordinance)*:

5. Describe how your request will impact pubic health, safety, general welfare. What measures will you take to minimize any negative impacts?

6. How will you ensure that your request will not constitute a nuisance by reason of dust, smoke, odor or other similar factor? What measures will you take to prevent a nuisance?

7. Additional comments:

GENERAL CONDITIONAL USE APPLICATION PROCEDURE

APPLICATION:
The deadline for application submittals is the 2nd Tuesday of the month. The Plan Commission generally meets on the first Wednesday of the month and the Town Board on the second Thursday of the month.

Applications will not be accepted until the applicant has:

- Met with the Zoning Administrator or his/her designee to review the application
- Submitted **Original plus 14 copies** of the entire packet including all supporting information, maps and diagrams.
- Resolved any land use violations and paid any outstanding fees owed to the Town of St. Joseph
- Signed the application form (*the signatures of the property owners and agents action on their behalf are required);* and
- Submitted the appropriate application fee (*nonrefundable*) and escrow payable to the Town of St. Joseph.

REVIEW
The Zoning Administrator or his/her designee will review the application for completeness. The Zoning Administrator or his/her designee may require additional information and will notify the applicant of this as soon as possible. Upon receiving a complete application and supporting documents, the Zoning Administrator will notify the Town Clerk/Treasurer to:

- Schedule a public hearing with the Town of St. Joseph Plan Commission and notify the applicant by mail of the date and time of the public hearing.
- Notify the adjoining property owners of the applicant's request
- Publish a public hearing notice of the Plan Commission in the local paper
- Send copies of the applications to the appropriate reviewing agencies for comment
- Schedule a site visit to the applicant's property, at which time the applicant shall flag all applicable property/project corners and label the flags accordingly; and
- The Zoning Administrator to prepare a staff report on the application. The staff report will be made available to the applicant and for public review.

ACTION
Conditional Use permits are granted at the discretion of the Town of St Joseph Town Board after review, public hearing, and recommendation through the Plan Commission. They are made available to validate uses that, while not approved within the zoning district in questions, are deemed to be compatible with approved uses and/or not found to be hazardous, harmful, offensive or otherwise adverse to other uses. Conditional Uses are subject to conditions, compatibility with surrounding land uses, and compliance with the St. Joseph Zoning Ordinance.

At the public hearing, the applicant may appear in person or through an agent or an attorney of his/her choice. The applicant/agent/attorney may present testimony, evidence and arguments in support of his/her application. The fact that an application for a permit has been filed does not automatically mean that a permit is granted.

Upon the Town Board making a decision on the application, the Town Clerk/Treasurer shall notify the applicant of the decision in writing. All site plans, pictures, etc. become the property of the Town of St. Joseph and will remain in the file.

CHECKLIST FOR COMPLETE APPLICATION

_____Completed and signed application form with fee
_____Original plus 14 copies of this entire packet including all supporting information, maps and diagrams
_____Addendum for additional request and/or supplemental information sheet (if required)
_____Recorded Warranty Deed (may be obtained at the county Register of Deeds Office)
_____Provide stamped envelopes addressed to all adjoining land-owners, including properties across roadways
_____ A complete site plan prepared by a registered surveyor showing:

- Project location in the town
- Lot/parcel dimensions with property lines and all applicable setbacks
- Minimum of 10 ft contours as determined appropriate by the Zoning Administrator or his/her designee
- Location of all existing and proposed structures and their square footage and distance from setbacks
- Location of existing and proposed POWTS, wells, driveways, parking areas, access, signs and other features; and
- Location of navigable waterways with accurate OHWM, delineated wetlands, bluff lines, slopes in excess of 12% wooded areas, and any other unique limiting conditions of the property.

_____Other submittals as required by Town Staff_____

This is a summary of the conditional use procedure and is subject to the specific requirements and procedures identified in Chapter 170 Zoning of the Town of St Joseph.

ADDENDUM
FOR ADDITIONAL CONDITIONAL USE

APPLICANT INFORMATION

Property Owner:_____Contractor/Agent_____

Property Location:_____1/4,_____1/4, Sec_____,T,_____N, R_____W, Town of St Joseph

Parcel Identification #_____

State the nature of your request:
_____
_____
_____
Zoning Ordinance Reference: _____
Please answer the following questions, and provide any additional information, plans, or other materials that you feel addresses these criteria in support of your request (*use backside of this sheet or attach additional paper if necessary*).

1. How does this request relate to the request on your original conditional use permit application?

2. Explain how this request address items 1-7 on pages 2-3 of your original use permit application.

3. Submit a supplemental information sheet if this request differs in nature from that on your original conditional use application and involves any of the following uses.
   - ☐ Major Home Occupation
   - ☐ Filing and Grading
   - ☐ Commercial/Industrial Use
   - ☐ Contractor Storage Yard
   - ☐ Wireless Communication Tower
   - ☐ Commercial Kennel
   - ☐ 1 Animal Unit/Acre
   - ☐ Adult Entertainment

I attest that the information contained in this addendum is true and correct to the best of my knowledge.

Property Owner Signature:_____Date:_____

Contractor/Agent Signature:_____Date:_____