

**TOWN OF LA POINTE
SPECIAL EXCEPTION FOR REDUCED SETBACKS
AND CONDITIONAL USE PERMIT
APPLICATION FORM**

Property Owner(s)	Contractor/Authorized Agent
Name:	
Address:	
Phone:	

Legal Description (as it appears on tax statement): _____

Fire Number & Road Name: _____

Parcel #: **014** - _____ - _____

Lot Area: _____ square feet Lot Dimensions (in feet): _____

Zoning District(s): _____ (all applicable)

Parcel is within 1000 ft of the Ordinary High Water Mark (OHWM) of Lake Superior. Yes No

Parcel is within 300 ft of the OHWM of navigable river, stream, pond, or flowage? Yes No

1. Current Use & Improvements: _____

2. Nature & disposition of any prior petition for appeal, variance, conditional use, and/or special exception: _____

3. Describe present and proposed use of the property, and, if applying for a Special Exception, also describe the proposed building core and percentage of relief requested:

4. Describe how the factors found in La Pointe Zoning Ordinance Section 7.1(C) will be affected by the proposed CUP/Special Exception:

5. List design/practices proposed to further such standards: _____

PLEASE ATTACH ADDITIONAL PAGES FOR NARRATIVES IF NECESSARY

I (we) certify that the information provided in this application and all attachments have been examined by me (us) and to the best of my (our) knowledge and belief is true and accurate. I (we) acknowledge I (we) am (are) responsible for the detail and accuracy of all information I (we) provide that will be relied upon by the Town Plan Commission (TPC) in determining whether to issue the Special Exception. I (we) further accept all liability which may result in the TPC relying on information provided in this application. I (we) agree to permit officials charged with administering the Zoning Ordinance or any other authorized person to have access to the above premises at any reasonable time for the purpose of inspection. I (we) acknowledge approval of this application may be conditioned upon a requirement that there be no further buildings, development, or impervious surface on the parcel and other conditions the Town Plan Commission reasonably related to the purpose of the Zoning Ordinance:

Signed: _____ Date: _____
Property Owner

Property Owner Date: _____

REMIT TO: Town of La Pointe Zoning Administrator, PO Box 270, La Pointe, WI 54850

INSTRUCTIONS

For Special Exceptions, Applicant shall attach:

- Documentation showing the parcel was created and recorded prior to the May 26, 1972 Zoning Ordinance or subsequent amendment thereto which made the parcel nonconforming;
- A Boundary Map prepared by a Registered Land Surveyor clearly showing the location, size and shape of the parcel, existing improvements, actual setbacks of existing structures, and the specific area that is being requested for the Special Exception.
- A listing of owners of all lands within 300 feet of any part of the parcel. Listing is to include current Names, Mailing Addresses and Land Parcel Numbers.

For Conditional Use Permits, Applicant shall attach:

- A plan of the area showing contours, soil types, wetlands, ordinary high water mark, groundwater conditions, bedrock, slope and vegetative cover.
- A survey prepared by a registered land surveyor showing existing and proposed development, location of buildings, structures, parking areas, traffic access, driveways, walkways, piers, open spaces, and landscaping
- Sewage disposal facilities, water supply systems and arrangements of operations thereof.
- Specifications for areas of proposed filling, grading and lagooning
- Building plans, including floor plans and exterior designs or elevations.
- Development schedule indicating the appropriate date when construction can be expected to begin and be completed, including initiation and completion dates of separate stages of a phased development.

One Original PLUS twelve (12) copies of the application and attachments must be submitted.

Fee is to be paid when application is submitted. Please see current Schedule of Fees for appropriate amount.

******OFFICIAL USE ONLY******

FEE REC'D \$ _____ CHECK # _____ DATE _____ REC'D BY _____

TPC MEETING TO SCHEDULE PUBLIC HEARING _____ PUBLIC HEARING DATE _____

