

CITY OF BERLIN
REQUEST FOR CONDITIONAL USE PERMIT

I/We _____ of _____
(name) (mailing address)

hereby request the Plan Commission to recommend to the Common Council of the City of Berlin the approval of a conditional use permit under the Zoning Code of the City of Berlin pursuant to Chapter 82 of the Municipal Code.

Current Zoning of property _____

Address of Property _____

Legal Description _____

Reason for request:

Lot Size _____

Parcel Number _____

Present Improvements (Structures etc.) on Lot:

Such proposed conditional use permit would be compatible with the character of the neighborhood because:

Hours of Operation: _____

Number of Employees: _____

Will your request increase the percentage of impervious surface on the property? If yes, how much?

Will your request have an adverse effect on any existing roadway in the area? If yes, please explain the volume of traffic you anticipate.

Will your request involve any excavation on the respective property? If yes, please attach a topographical map with 1 ft. contours indicating the current and post-construction drainage patterns and erosion control measures.

Applicant Phone Number: _____

Applicant Email Address: _____

I certify by my signature that all information presented herein is true and correct to the best of my knowledge. I give permission for staff of the City of Berlin Zoning Department to enter onto the property on which the conditional use is being proposed by this application during daylight hours to collect information relative to my proposal. I further agree to withdraw this application if substantive false or incorrect information has been included. I also understand that the \$200 fee is nonrefundable once a public hearing has been conducted on my proposal.

Petitioner/Agent Signature: _____

Date Filed: _____

Conditional Use Permit Fee \$200.00 - Fee must accompany this appeal payable to the City of Berlin

FOR OFFICE USE ONLY

Meeting advertised _____ Date of Commission Meeting _____

Board of Appeal Decision: Approve / Deny

Special Conditions: _____
