City of Fort Atkinson
City Manager's Office
101 N. Main Street
Fort Atkinson, WI 53538

City of Fort Atkinson Procedural Checklist for Conditional Use Permits Requirements per Section 15.10.32

This form is designed to be used by the Applicant as a guide to submitting a complete application for a conditional use and by the City to process the application.

Name, company, and client (if applicable):_____

_____

_____

Phone number:_____ Email:_____

Property address for proposed conditional use:_____

_____

Brief description of proposed conditional use: _____

_____

I Application Packet Requirements

The Applicant shall submit one electronic copy of the application.

- ❑ A map of the subject property to scale depicting:
  - ❑ All lands for which the conditional use is proposed and all other lands within 100 feet of the boundaries of the subject property.
  - ☐ Current zoning of the subject property and its environs, and the jurisdiction(s) which maintains that control.
  - ☐ All lot dimensions of the subject property.
  - ☐ A graphic scale and a north arrow.
- ❑ Written description of the proposed conditional use including the type of activities, buildings, structures, and off-street parking proposed for the subject property and their general locations, as well as the number of employees and the hours of operation.
- ❑ A site plan of the subject property if proposed for development conforming to all requirements of Section 15.10.42 of the Fort Atkinson Zoning Code. If the proposed conditional use is a group or large development (per Section 15.06.02), a proposed preliminary plat or conceptual plat may be substituted for the required site plan, provided said plat contains all information required per Section 15.10.42.
- ❑ Written justification for the proposed conditional use, including evidence that the application is consistent with the Comprehensive Plan and meets any additional standards required in the applicable zoning district. See Section 15.10.32(8) for review criteria.
- ❑ Written descriptions of anticipated daily traffic, types and weights of vehicles, and any provisions, intersection or road improvements or other measures proposed to accommodate increased traffic. A Traffic Impact Analysis (TIA) meeting Wisconsin Department of Transportation requirements for content and format may be required by the City if deemed necessary by the City Engineer.
- ❑ A listing of hazardous, toxic, or explosive materials stored on site, and any spill containment, safety, or pollution prevention measures taken.

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To apply for a conditional use to operate a Community Living Arrangement (See Section 15.03.6(13) of the Fort Atkinson Zoning Code), the following additional application materials are required. To note, a Community Living Arrangement Occupancy Permit is also required prior to the start of operation. See the Fort Atkinson Zoning Code Section 15.10.33 for details.

- ❑ Provide to the City Clerk a copy of the Adult Care license issued by the Wisconsin Department of Health Services or Certificate provided from funder when such License/Certificate is granted. Applicant also agrees to notify the City if operations at this address cease.
- ❑ File a scope of business outline with the City Clerk of which shall identify the following:
  - ❑ The legally registered name of the owner or operator of the facility, the address, telephone number, and the type of license number of any state or federal license required to operate the community living arrangement facility, and the date when operation of the facility is anticipated to commence;
  - ❑ Total number of residents;
  - ❑ Scope of clients to be served (i.e. Advanced Age, Developmentally Disabled, Physically Disabled, Emotionally Disturbed/Mental Illness, Irreversible Dementia/Alzheimer's, Traumatic Brain Injury, etc.);
  - ❑ Expected staffing to serve these residents;
  - ❑ Hours of operation;
  - ❑ Facility floor plan;
  - ❑ Safety Plan and Emergency Procedures;
  - ❑ Continuation of Operations plan for patients in the event that the home is unable to continue operations, for any reason;
  - ❑ A Crisis Relocation Plan for residents that are in crisis, including any MCO options for crisis beds or other alternatives, if any exist at the time of application.
- ❑ Meet with City Police and Fire Departments to review the scope of business.

II Criteria Used to Evaluate the Proposed Conditional Use

The Zoning Administrator, City Engineer, and Department Heads shall review the complete application and evaluate whether the proposed conditional use:

1. Is in harmony with the recommendations of the Comprehensive Plan.
2. Would result in a substantial or undue adverse impact on nearby property, the character of the neighborhood, environmental factors, traffic factors, parking, public improvements, public property or rights-of-way, or other matters affecting the public health, safety, or general welfare.
3. Maintains the desired consistency of land uses, land use intensities, and land use impacts as related to the environs of the subject property.
4. The conditional use is located in an area that will be adequately served by, and will not impose an undue burden on, any of the improvements, facilities, utilities or services provided by public agencies serving the subject property.
5. The potential public benefits outweigh any and all potential adverse impacts of the proposed conditional use, after taking into consideration the applicant's proposal and any requirements recommended by the applicant to ameliorate such impacts.

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III Process Checklist

- ❑ Staff-Applicant meeting (if applicable) Date: _____
- ❑ Application fee of $250 received by City Treasurer Date: _____
- ❑ Reimbursement of professional consultant costs agreement executed. Date: _____
- ❑ Receipt of complete application packet by Zoning Administrator Date: _____
- ❑ City Staff input Date: _____
- ❑ Class 2 legal notice sent to official newspaper by City Clerk Date: _____
- ❑ Class 2 legal notice published on _____ Date: _____
- ❑ Notification of neighboring property owners within 100 feet of the petition Date: _____
- ❑ Notification of clerks of municipalities within 1,000 feet of the petition Date: _____
- ❑ Notification of airports within 1 mile of the petition Date: _____
- ❑ Plan Commission Public Hearing, review and recommendation Date:_____
- ❑ City Council review and action Date: _____

Dated this_____day of_____, 20 ____

Respectfully submitted,

_____

(Signature of Applicant)