

TOWN OF DELAFIELD

APPLICATION FOR PLAN COMMISSION AGENDA

<u>1. Owner</u>	<u>Applicant or Owner's Agent</u>
Name _____	Name _____
Address _____ (street)	Company _____
(city) _____ (state) (zip code) _____	Address _____ (street)
Telephone: office _____ fax _____	Telephone: office _____ fax _____
E-mail address: _____	E- mail address: _____

2. **Type of Proposal:** (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Zoning Amendment |
| <input type="checkbox"/> Site Grading Plan | <input type="checkbox"/> Final Plat | <input type="checkbox"/> Conditional Use |
| <input type="checkbox"/> Lighting Plan | <input type="checkbox"/> Certified Survey Map | <input type="checkbox"/> Lot Grading |
| <input type="checkbox"/> Landscaping Plan | <input type="checkbox"/> Developer's Agreement | <input type="checkbox"/> Plan of Operation |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Planned Unit of Development |
| <input type="checkbox"/> Lot Allocation | <input type="checkbox"/> Land Split | <input type="checkbox"/> Other (explain below) |

3. **Nature of Development Proposal:** (Attach additional sheets as necessary.)

Tax Key No: _____

Location of Development _____

Present Zoning _____	Present Use _____
Proposed Zoning _____	Proposed Use _____

Description of Proposal: _____

4. **Action Requested:** _____ Approval of items marked
- _____ Discussion (no formal action by the Plan Commission)

5. **Required Forms Checklist:**

- _____ Legal Description (all applications)
- _____ Professional Staff/Fees Chargeback Acknowledgement (all applications)
- _____ Certification for Division of Land (Certified Survey Maps that are land splits)

6. Submit one (1) copy of this application, eight (8) copies (no larger than 11" x 17") of all supporting materials, i.e., drawings, plans and written documentation, and two full size plan sets.

I understand that this form shall be on file in the office of the Town Clerk by 4:30 p.m. on the 21st day before the meeting on which I desire to be heard or as required in the Land Division or Zoning Ordinance, whichever is longer. Plan Commission meetings are held the first Tuesday of each month. Furthermore, I understand that any engineering or legal review fees associated with this project may be charged to me.

FAILURE TO PROVIDE ALL REQUIRED MATERIALS AND INFORMATION CAN RESULT IN THIS APPLICATION BEING WITHDRAWN FOR CONSIDERATION BY THE PLAN COMMISSION.

Signature of Owner

Date

Print name

(Office Use Only)

Fee Received _____	Date _____	Amount _____	Received By _____
Date Application Received _____	_____	_____	_____
Plan Commission Meeting Date _____	_____	_____	_____
Public Hearing Date _____	_____	_____	_____
Plan Commission Action _____	Date _____	_____	_____
Town Board Action _____	Date _____	_____	_____
Zoning Amendment Publishing Date _____	_____	_____	_____

TOWN OF DELAFIELD

PROFESSIONAL STAFF FEES CHARGEBACK ACKNOWLEDGEMENT

PLEASE BE ADVISED

That pursuant to the Town of Delafield Code of Ordinances, the Town of Delafield Town Board has determined that whenever the services of the Town Attorney, Town Engineer or any of the other Town's professional staff results in a charge to the Town for that professional's time and services, and such service is not a service supplied to the Town as a whole, the Town Clerk shall charge that service and the fees incurred by the Town to the owner of the property. Also be advised that pursuant to the Town of Delafield Code of Ordinances certain other fees, costs and charges are the responsibility of the property owner.

I, the undersigned, have been advised that, pursuant to the Town of Delafield Code of Ordinances, if the Town Attorney, Town Engineer or any other Town professional provides services to the Town as a result of my activities, whether at my request or at the request of the Town, I shall be responsible for the fees incurred by the Town. Also, I have been advised that pursuant to the Town of Delafield Code of Ordinances, certain other fees, costs and charges are my responsibility.

Signature of Owner

Date

Owner's name (please print)

Form received by: _____

Date: _____