

**TOWN OF DELAFIELD**

**APPLICATION FOR PLAN COMMISSION AGENDA**

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

6. Submit fifteen (15) copies of all supporting materials, i.e., drawings, plans and written documentation. A minimum of two full size plan sets are required along with 15 others no larger than 11" x 17".

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.

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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: \_\_\_\_\_