



## PLAN COMMISSION APPLICATION

Date Received: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ (For Office Use Only)

- |   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> Plan Concept Review                | \$300.00 | <input type="checkbox"/> Special Exception or Awning Review   | \$ 50.00 |
| <input type="checkbox"/> Preliminary Plat Review            | 550.00   | <input type="checkbox"/> Minor Review                         | 100.00   |
| <input type="checkbox"/> Final Plat or Condo Plat Review    | 250.00   | <input type="checkbox"/> Business, Site, and Operational Plan | 450.00   |
| <input type="checkbox"/> Planned Development Overlay        | 300.00   | <input type="checkbox"/> Conditional Use Grant                | 300.00   |
| <input type="checkbox"/> Certified Survey (w/o dedication)  | 250.00   | <input type="checkbox"/> Rezoning or Zoning Amendment         | 250.00   |
| <input type="checkbox"/> Certified Survey (with dedication) | 275.00   | <input type="checkbox"/> Annexation                           | 300.00   |

Description of Proposed Request: \_\_\_\_\_

Property Address: \_\_\_\_\_ Tax Key: 16- \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

**\*\*\*Digital Copies of your plans are required for the Plan Commission and Design Review Board meeting.\*\*\***

In making this application, I (we) acknowledge that the Plan Commission will review the contents of this application at a public meeting, that I (we) or a representative on my (our) behalf will be expected to attend the public meeting in order to provide information and answer questions, and that the meeting will be open to all interested persons who desire to attend. I (we) also grant permission to any City of Port Washington official or representative to enter and inspect the subject property at any reasonable time to consider the merits of this application, to take photographs, and to post public hearing notices if required.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

• [www.cityofportwashington.com](http://www.cityofportwashington.com) •

City of Port Washington, 100 West Grand Avenue, P. O. Box 307, Port Washington, WI 53074-0307. Any questions, please contact City Plan Randy Tetzlaff at 262-284-2600 (email: [rtetzlaff@ci.port-washington.wi.us](mailto:rtetzlaff@ci.port-washington.wi.us)) or his assistant, Judy Klumb at 262-284-2600 (email: [jkumb@ci.port-washington.wi.us](mailto:jkumb@ci.port-washington.wi.us)).