

\$100.00

## APPLICATION FOR CONCEPT PLAN REVIEW

Applies to land divisions, certified survey maps, replat, or revision of an existing land division. Staff supplies initial feedback before proceeding to the Plan Commission. (Does not apply to a correction instrument, except that if the affidavit in the correction instrument would change the areas dedicated to the public or restricted for the public benefit, then the Town Board must approve such change). Applicant or designee should attend the meeting and present the proposed land division, preliminary plat or map documents and concept plan to the Town Plan Commission. This application is also used for general concept reviews before the Plan Commission for initial feedback.

Applicant:		
Name:		
Address:		
Phone No. ()	Fax No. ()	
Email:		
Business Name (if applicable):		
Site Address:		
Landowner of Record:		
Address:		
Phone No. ( )	Fax No. (	
Email:		
Architect (if applicable):		
Name:		
Phone No. ( )	Fax No. ()	
Email:		
Engineer or Contractor (if applicable):		
Name:		
Address:		
Phone No. ( )	Fax No. ()	
Email:		
Lot Size acres	Location 1/4 Sec	
Lot street frontage width	Current Zoning Proposed Zoning	
Lot dimensions		
If the concept review is for a project other t	han a land division, please indicate the review type below:	
Concept Review sought (rezone, text amendme	ent, other):	

	the concept plan. Attach extra pages as needed such as in the stion. Will the use be in existing or new buildings?
THE CONCEPT PLAN PROCESS & REC	QUIREMENTS ARE AS FOLLOWS:
<ul><li>completeness; see the meeting schedule</li><li>✓ Incomplete applications will not be acc</li></ul>	ks before the desired meeting date to allow for review of e on the Town Website for submittal deadlines. epted and/or processed. The \$100 fee AND all other bmitted at the same time to avoid delays. omitted at the time of application.
,	ncept Plan stage, the next step would be the applicant completing ir next process(es) for which they are seeking approval.
	ble documents with the application, fee, and reimbursement should be emailed to Asst. Administrator/Clerk Sara Jacoby:
	n showing the location, dimensions, uses and size of the ctures, easements, parking, streets, loading areas, and uses of ness plan/intended use of property.
NOTES:	
registered land surveyor so that we can  ✓ The Concept Plan process can take sev to gather the direction, and input receiv  ✓ The Town Board may be involved in the  ✓ Consultants are utilized by the Town as	for the Concept Plan, it is recommended it be prepared by a verify that your project meets the required setbacks. eral months, depending upon direction sought from the applicant red from the Plan Commission (there may be various iterations). he Concept Plan process. In needed, with fees for professional services billed back to the difforts are made to minimize these costs.
1.1	g point for various Town applications for feedback from the Plan o the recommended first step for land division applications.
Applicant Signature	Date



## REIMBURSEMENT NOTICE & PROFESSIONAL SERVICES REIMBURSEMENT AGREEMENT

Pursuant to section 21-16 of the Town Code, the undersigned acknowledges receipt of this Notice and agrees to reimburse the Town of Cedarburg for costs, expenses and fees charged the Town of Cedarburg for legal, engineering, planning, and other required professional consultants as well as Town staff, and which services relate to the following project or matter (regardless of outcome):

PROJECT NAME:		
PROJECT ADDRESS: _		
SEND ALL INVOICES TO: _ (NAME & ADDRESS)		
TAX KEY #(s):		
and/or Property Owner, and in those company, partnership or other busine Entity is authorized to do business in	of Cedarburg that I am authorized to execute this Agreemed cases where the Applicant and/or Property Owner is a cost entity (herein collectively "Business Entity"), I represent the State of Wisconsin, is a Business Entity in good standity to the terms and conditions of this Agreement.	orporation, limited liability t and warrant that the Business
RESPONSIBLE PARTIES OR	PARTY NAME, MAILING ADDRESS, SIGNAT	TURE & DATE:
Printed Name	Signature (Required)	Date
Mailing Address	City	State & Zip
PhoneFax E-mail		
PROPERTY OWNER NAME, Applicant):	MAILING ADDRESS, SIGNATURE & DATE (	If different than that of the
Printed Name	Signature (Required)	Date
Mailing Address	City	State & Zip
Phone	Fax	E-mail