



LAND DEVELOPMENT APPLICATION
City of Cedarburg

PROPERTY LOCATION/ADDRESS: _____

APPLICANT: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

PROPERTY OWNER: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

e-mail: _____

- REQUEST FOR: Concept Review, Site/Architectural Plan Approval, Subdivision Plat or C.S.M. Review, Zoning District Change, Conditional Use Zoning, Annexation Request, Variance/Board of Appeals, Other

STATUS OF APPLICANT: () OWNER () AGENT () BUYER () OTHER

PROJECT NAME: _____

USES PROPOSED AND DESCRIBE REQUEST: _____

NOTE: Please attach five (5) copies of a written description of your proposal or request. Also provide five (5) full-size sets of supporting drawings, sketches, or survey maps.

The undersigned certifies that he/she has familiarized himself/herself with the State and local codes and procedures pertaining to this application. The undersigned further hereby certifies that the information contained in this application is true and correct. This application shall be signed by the property owner(s).

SIGNED BY: _____ DATE: _____

Property Owner(s)

- \$ 100 Concept Review
* Fee Sch. Site/Architectural Plans
* Fee Sch. C.S.M. Review
* Fee Sch. Subdivision Plat
\$ 250 Zoning District Change
\$ 200 Zoning Text Change
\$ 300 Conditional Use Zoning
\$ 150 Annexation Request
\$ 150 Variance/Board of Appeals
* Fee Sch. Other

- Submission of Five (5) Full-Size Plan Sets: _____
Thirteen (13) Plan Sets Due (11"x17" max): _____
Confirm Thirteen (13) PlanSets Submitted: _____
1st Plan Commission Appearance: _____

\$ _____ TOTAL FEE

APPLICATION AND FEE RECEIVED BY: _____ DATE: _____

*See Fee Schedule Plan Commission File No.: _____