

17 COPIES OF ALL
DOCUMENTS REQUIRED

PLANNING REQUEST

FOR OFFICE USE ONLY

Project # _____

TOWN OF GENEVA – PLAN COMMISSION

N3496 COMO ROAD • LAKE GENEVA, WI 53147

PHONE: (262) 248-8497 • FAX: (262) 249-8873

Notice: This document is an Official Town of Geneva Document. All submittals must be made on Official Town of Geneva Documents.

1. General Project Information:

Project Tax Key #: _____ Project Address: _____

Project Title (if any): _____

2. Applicant, Agent & Property Owner Information:

Applicant's Name: _____ Company: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: () _____ Fax: () _____ Email: _____

Agent: _____ Company: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: () _____ Fax: () _____ Email: _____

Owner, if different from Applicant: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: () _____ Fax: () _____ Email: _____

3. Planning Request (Check all that apply)

- Concept Plan Review _____ \$520.00
 - Estimated Cost Recovery Deposit* \$500.00
- Certified Survey Map _____ \$150.00
 - Estimated Cost Recovery Deposit* \$300.00
- Preliminary Plat Review _____ \$325.00
 - Estimated Cost Recovery Deposit* \$300.00
- Final Plat Review _____ \$325.00
 - Estimated Cost Recovery Deposit* \$300.00
- Re-Zone _____ \$200.00
- Variance _____ \$200.00
- Conditional Use _____ \$200.00
- All Other Requests _____ \$50.00