

13 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

TOWN OF GENEVA
COST RECOVERY CERTIFICATE AND AGREEMENT
PURSUANT TO THE MUNICIPAL CODE OF
THE TOWN OF GENEVA

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

The undersigned Applicant hereby acknowledges and agrees to be bound by Chapter 18 of the Town of Geneva Municipal Code, providing for Town recovery of all costs and disbursements incurred in the process of considering requests by an Applicant related to the Town of Geneva Subdivision Ordinance. The Applicant further agrees in consideration of the Town's incurring cost and hiring of the Town for all costs recoverable pursuant to the terms of the above numbered ordinance within the time period set forth in the ordinances.

Purpose of Application _____

Project Name _____

Physical Address _____

Tax Key # _____ Phone # _____

Contact Name (if different from applicant) _____

Mailing Address _____

City _____ State _____ Zip _____

Billing address (if different) _____

City _____ State _____ Zip _____

Dated this _____ day of _____, 20 ____

APPLICANT: _____
(Printed Name)

(Signature)

Original: Town Records
Copy: Applicant
Copy: Town Attorney

Project #: _____

Note to Applicant: The Town Engineer, Town Attorney and other Town professionals and Town staff, if requested by the Town to review your request, will bill for their time at an hourly rate which is adjusted from time to time by agreement with the Town. Please inquire as to the current hourly rate you can expect for this work. In addition to these rates, you will be asked to reimburse the Town for those additional costs set forth in the Town Ordinances.