

APPLICATION FOR TOWN OF VERNON PLAN COMMISSION AGENDA

SUBMIT TO TOWN CLERK OR PLAN COMMISSION ASSISTANT AT THE VERNON TOWN HALL BY 10:00 A.M. FOUR (4) WEEKS PRIOR TO THE PLAN COMMISSION MEETING TYPICALLY HELD ON THE 2nd WEDNESDAY OF THE MONTH.

ALSO REQUIRED FOR ALL MAPS, PLATS & CONSTRUCTION PLANS: Must be submitted with this application as a *PDF file along with 8 full-size copies and 1 reduced (8.5" x 14" Legal Size) copy.

**FOR OFFICE USE ONLY:
DATE SUBMITTED**

1. APPLICANT NAME & MAILING ADDRESS

a. _____
First Name
Last Name

b. _____
Street
City
State
Zip

c. Phone: _____ Fax: _____ Email: _____

2. PROPERTY ADDRESS:

a. _____
Street
City
State
Zip

<u>TYPE OF REVIEW</u>	<u>FEE</u>
<input type="checkbox"/> Master Plan Amendment	\$100.00
<input type="checkbox"/> Re-Zoning	\$50.00 to Town of Vernon *
<input type="checkbox"/> Allotment	\$400.00
<input type="checkbox"/> Preliminary Plat	\$500 + \$15/lot
<input type="checkbox"/> Developer's Agreement	\$50.00
<input type="checkbox"/> Declaration of Restrictions	\$50.00
<input type="checkbox"/> Letter of Credit	\$50.00
<input type="checkbox"/> Construction Plans / Stormwater Management	\$50.00 each
<input type="checkbox"/> Re-Submittal of Preliminary Plat	\$400.00
<input type="checkbox"/> Final Plat	\$400.00
<input type="checkbox"/> Waiver/Modification from Land Division and Development Control Ordinance	\$50.00
<input type="checkbox"/> Re-Submittal of Final Plat	\$200.00
<input type="checkbox"/> Dedication Fees (For each new lot created via C.S.M or Plat)	\$465.00
<input type="checkbox"/> Park Development Impact Fees	
<input type="checkbox"/> Certified Survey Map	<input type="checkbox"/> Conceptual.: \$150 + \$10/lot <input type="checkbox"/> Final: \$200 + \$10/lot <input type="checkbox"/> Re-Submittal: \$100 + \$10/lot
<input type="checkbox"/> Conditional Use (Attach copy of Conditional Use application Original must be submitted to Waukesha County)	\$50.00 to Town of Vernon *
<input type="checkbox"/> Site Plan & Plan of Operation	<input type="checkbox"/> Original: \$100 <input type="checkbox"/> Amendment: \$100
<input type="checkbox"/> Hobby Kennel	<input type="checkbox"/> Application: \$100 <input type="checkbox"/> License: \$60
<input type="checkbox"/> Accessory Building Waiver/Modification	
<input type="checkbox"/> Size	\$150.00
<input type="checkbox"/> Location	
<input type="checkbox"/> Architectural review	
<input type="checkbox"/> Special Meeting	\$400.00
<input type="checkbox"/> Miscellaneous	\$50.00
<input type="checkbox"/> After-the-Fact Applications	Double Fees
<input type="checkbox"/> Other (specify): _____	\$ _____

* There may be additional fees charged by Waukesha County.

**APPLICATION FOR
TOWN OF VERNON PLAN COMMISSION AGENDA**

PROFESSIONAL SERVICE FEES REIMBURSEMENT.

That pursuant to the Town of Vernon Code of Ordinances, the Town of Vernon Town Board has determined that whenever the services of the Town Attorney, Town Engineer, Town Planner or any other of the Town staff or agent results in a charge to the Town for that professional's time and services and such service is not a service supplied to the Town as a whole, the Town Clerk shall charge that service for the fees incurred by the Town. Also, be advised that pursuant to the Town of Vernon Code of Ordinances, certain other fees, costs, and charges are the responsibility of the property owner or responsible party.

It will be the responsibility of the property owner or responsible party to attend all pertinent meetings and monitor all potential costs from the Town Attorney, Town Engineer, Town Planner or any other Town staff or agent. In the event the scope of the project changes, the property owner or responsible party needs to communicate said change to the Town Clerk. It is recommended that the property owner or responsible party meet with the Town Clerk's office to monitor any associated additional costs.

I, the undersigned, have been advised that, pursuant to the Town of Vernon Code of Ordinances, if the Town Attorney, Town Engineer, Town Planner or any other Town professional provides services to the Town because of my activities, whether at my request or at the request of the Town, I shall be responsible for the fees incurred by the Town. In addition, I have been advised that pursuant to the Town of Vernon Code of Ordinances, certain other fees, costs, and charges are my responsibility.

RESPONSIBLE PARTY NAME, MAILING ADDRESS, SIGNATURE & DATE:

a. _____
First Name Last Name Date

b. _____
Street City State Zip

c. Phone: _____ Fax: _____ Email: _____

d. _____
Signature Date

PROPERTY OWNER NAME, MAILING ADDRESS, SIGNATURE & DATE:

a. _____
First Name Last Name Date

b. _____
Street City State Zip

c. Phone: _____ Fax: _____ Email: _____

d. _____
Signature Date

APPLICATION FOR TOWN OF VERNON PLAN COMMISSION AGENDA

SITE INSPECTION NOTIFICATION.

The Town of Vernon Town Plan Commission and Town Board request permission of the property owner or responsible party to enter the subject property, between the hours of 9am to 5pm or upon prior 24 hour notice, for a site inspection prior to any scheduled Plan Commission or Board meeting. The site inspection will allow the Town Plan Commission and Town Board to make more informed decisions with respect to the requested application.

I, the undersigned, have been advised that my signature grants permission to members of the Town Plan Commission and Town Board to conduct site inspections of the subject property. Failure to authorize said site inspection will not be held against the property owner or responsible party in the decision of the requested application; however, the site inspection does allow the Town Plan Commission and Town Board to make more informed decisions.

RESPONSIBLE PARTY NAME, MAILING ADDRESS, SIGNATURE & DATE:

a. _____
First Name **Last Name** **Date**

b. _____
Street **City** **State** **Zip**

c. **Phone:** _____ **Fax:** _____ **Email:** _____

d. _____
Signature **Date**

PROPERTY OWNER NAME, MAILING ADDRESS, SIGNATURE & DATE:

a. _____
First Name **Last Name** **Date**

b. _____
Street **City** **State** **Zip**

c. **Phone:** _____ **Fax:** _____ **Email:** _____

d. _____
Signature **Date**

COMMENTS:

_____ Town Official Accepting Form & Date

INTERNAL USE ONLY
Amount Due: \$ _____ Check #: _____ Date Paid: ___/___/___ Rec'd By: _____