

# PLANNING REQUEST

FOR OFFICE USE ONLY

PC# \_\_\_\_\_

## CITY OF ELKHORN - DEPARTMENT OF BUILDING AND ZONING

9 S. BROAD ST., P.O. BOX 920 • ELKHORN, WI 53121

PHONE: (262)741-5124 • FAX: (262) 741-5135

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

### 1. General Project Information:

Project Tax Kay #: \_\_\_\_\_ 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)

- Site Plan and Architectural Review \_\_\_\_\_ \$175.00 plus \$.04 per sq. ft. (Floor Area)
- Conditional Use Permit \_\_\_\_\_ \$275.00
- Rezone \_\_\_\_\_ \$325.00
- Land Use Amendment \_\_\_\_\_ \$350.00
- Planned Unit Development \_\_\_\_\_ \$325.00
- Preliminary Plan \_\_\_\_\_ \$200.00 plus \$20.00 per lot
- Final Plat \_\_\_\_\_ \$200.00 plus \$20.00 per lot
- Certified Survey Map \_\_\_\_\_ \$200.00 plus \$20.00 per lot
- Project Concept Review \_\_\_\_\_ \$150.00
- Conceptual Land Division \_\_\_\_\_ \$100.00 plus \$3.00 per acre
- Joint Conditional Use & Rezoning \_\_\_\_\_ \$575.00
- Joint Rezoning & Certified Survey Map \_\_\_\_\_ \$500.00 plus \$20.00 per each new lot
- Zoning Board of Appeals/Adjustment \_\_\_\_\_ \$325.00