

# Village • Bloomfield • Town

Tax Parcel #:  
\_\_\_\_\_

Village-PO Box 609 | Town-PO Box 704 | N1100 Town Hall Rd | Pell Lake, WI 53157  
(262) 279-6039 Ext 1 | Fax: (262) 279-3545

## Planning Request Application

\_\_\_\_ Village      \_\_\_\_ Town

*Please check all that apply:*

- Certified Survey Map (CSM)
- Lot Line Adjustment
- Conditional Use Permit (CUP)
- Condominium Plat
- Preliminary Plat
- Final Plat
- Planned Unit Development (PUD)
- PUD Amendment
- Zoning District and/or Map Amendment (Re-zone)
- Comprehensive Plan Amendment
- Other: \_\_\_\_\_

**Physical Address of Site:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tax Parcel #(s):** \_\_\_\_\_

**Project or Development Name:** \_\_\_\_\_

**Applicant/Agent of all Owners:**

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Owner(s) of Site:**

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Legal Representative:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Architect, Engineer, Contractor:**

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**Legal Description of Site** (Attach separate sheet if additional space is needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please answer all applicable. Missing or incomplete information may deem this application "incomplete," delaying or prohibiting a review.

Current Zoning of Site: \_\_\_\_\_ Current Overlay Districts of Site: \_\_\_\_\_

Proposed Zoning of Site: \_\_\_\_\_

Proposed type of structure or site: \_\_\_\_\_

Proposed use of structure or site: \_\_\_\_\_

Statement of proposed use of property, with pertinent facts regarding the size of area involved, extent of development, type of operation, etc. (Attach separate sheet if additional space is needed):

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Statement of showing compatibility of proposed zoning district and proposed use to the Village Comprehensive Plan: (Attach separate sheet if additional space is needed)

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Statement showing compatibility of proposed zoning district and proposed use with adjacent properties and neighborhoods (Attach separate sheet if additional space is needed):

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I understand that the Zoning Administrator will review this application to determine if it contains all the required information. If he or she determines the application is incomplete, it will not be scheduled for review until it is deemed to be complete.

**Property Owner(s):**

\_\_\_\_\_  
*Name – Print*

\_\_\_\_\_  
*Name – Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name – Print*

\_\_\_\_\_  
*Name – Signature*

\_\_\_\_\_  
*Date*

**Applicant/Agent of all Owners:**

\_\_\_\_\_  
*Name – Print*

\_\_\_\_\_  
*Name – Signature*

\_\_\_\_\_  
*Date*

## COST RECOVERY AGREEMENT

I/We, the undersigned, do hereby understand and agree that as an applicant or petitioner of the Village/Town of Bloomfield, I/we will be responsible for all normal fees payable by an applicant or petitioner (i.e. application fees, engineer fees, attorney fees, etc.). I/We further understand and agree to be responsible for any additional or consequential costs to the municipality as a result of my/our application or petition (i.e. engineering, legal, or other professional services). All fees and costs shall be paid within thirty (30) days of invoice date and must be paid prior to the issuance of any permit or license. If payment is not made, said fees and costs may be assessed against the real property as a special charge.

I/We understand that the Village/Town of Bloomfield by and through their agents, representatives (elected or appointed), employees, successors or assignees make no representations of their findings. I/We forever hold them harmless of all liability whether founded in tort or contract and as such agree to indemnify them from all claims arising out of these transactions.

**Project Information:**

**Project Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Email:** \_\_\_\_\_

**Property Owner(s):**

\_\_\_\_\_  
*Name – Print* \_\_\_\_\_  
*Name – Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name – Print* \_\_\_\_\_  
*Name – Signature* \_\_\_\_\_  
*Date*

**Applicant/Agent of all Owners:**

\_\_\_\_\_  
*Name – Print* \_\_\_\_\_  
*Name – Signature* \_\_\_\_\_  
*Date*

OFFICE USE ONLY:	
Date Filed:	Received by:
<b>Application Fees:</b>	
Fee: \$	
Other: \$	
Other: \$	
Total: \$	