

## VILLAGE OF KIMBERLY Plan Commission Application

Certified Survey Map Plat Planned Unit Development

## Submit to:

Street Department 426 W. Kimberly Ave. Kimberly WI 54136 920-788-7507

## **Applicant Information**

Petitioner:					Date:
Petitioner Address:		City:		State:	Zip:
Telephone #: ( )	Fax: ( )		email:		
Status of Petitioner (please check one	e): Owner	_ Represent	tative	Tenant _	Prospective Buyer
Petitioner's Signature (required):					
Owner Information					
Owner(s):					Date:
Owner(s) Address:		_ City:		State:	Zip:
Telephone #: ( )	Fax: ( )		email:		
Ownership Status (please check one)	: Individual _	Trust _	Partne	rship	Corporation
Property Owner's Signature:  CSM/Subdivision Information					Date:
Address/Location of Proposed Proje	ct:				Zoning:
Proposed Project or Use:					
Current or Last Use of Property:					
Reason for Land Division:					
Proposed Number of Lots:	Proposed Lot Sizes	s: Min	Max	A	verage:
Acreage Contained in Parcel(s):					
Land Uses Surrounding this Address:	North:				
	South:				
	East:				
	West:				

Significant Natural Amenities (slope, vegetation, large tree stands, etc.):
Floodplains, navigable streams, wetlands, and other development restrictions:
Note:
<ul> <li>It is recommended that the applicant meet with Village Department staff prior to submittal to review the project and submitted materials.</li> <li>Application Fees must be submitted with the application.</li> </ul>
SUBMITTAL REQUIREMENTS – Must accompany the application to be complete.
<ul> <li>▶ Basic Materials</li> <li>□ Completed Application</li> <li>□ Legal Description of Site</li> <li>□ Two (2) full size paper prints of the preliminary or final plat prepared in accordance with Village Subdivision Regulations</li> <li>□ Twelve (12) copies of the subdivision plat reduced to 8 ½" x 11"</li> <li>□ One copy of the Certified Survey Map</li> <li>□ Digital (PDF) Copy of Preliminary Plat, Final Plat, or CSM</li> </ul>
Staff Use Only:
Fees Collected: Date Received: Staff Initials: