



Village of • Genoa City •

PO Box 428 | 755 Fellows Rd | Genoa City, WI 53128
(262) 279-6472 | Fax: (262) 279-6618

Tax Parcel #:

Planning Request Application

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):

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

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

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 of Genoa City, I/We will be responsible for all normal fees payable by an applicant or petitioner (e.g. 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 withing thirty (30) days and must be paid prior to the Village holding any public hearings, meetings, and 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 of Genoa City 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:
<u>Application Fees:</u>			
Fee: \$			
Other: \$			
Other: \$			
Total: \$			