

Town of Barton

GENERAL

LAND DIVISION

*(to be completed for all land divisions
& land division related
appeals and variances)*

Application Form

TOWN OF BARTON
GENERAL LAND DIVISION
APPLICATION FORM

(Required for All Land Divisions &
Land Division Related Appeals and Variances)

In accordance with the Town of Barton Land Division Ordinance, applications for all divisions of land shall be made on this form provided by the Town Clerk or Zoning Administrator. In order for applications to be processed, all required information, drawings, application signatures, and fees required shall be submitted at time of application.

APPLICATION TYPE:

Please check the appropriate box below for the type of Application being submitted:

- ☐ Pre-Application Conference and Sketch Plan Review
- ☐ Certified Survey Map (with Proposed New Dedicated Public Streets)
- ☐ Certified Survey Map (with no Proposed New Dedicated Public Streets)
- ☐ Subdivision Preliminary Plat
- ☐ Subdivision Final Plat
- ☐ Condominium Plat
- ☐ Land Division Related Appeal
- ☐ Land Division Related Variance

REQUIRED INFORMATION:

Please provide the following applicable information:

1. Town of Barton Tax Key Identification Number of Property:

2. Location of Property *(also, please attach legal description and/or boundary survey of property)*

3. Applicant Name: _____

Telephone Number: _____

Address: _____

Applicant is *(check all that are applicable)*:

Property Owner ☐
Subdivider ☐
Developer ☐
Other (specify) ☐ _____

4. Property Owner: _____

Telephone Number: _____

Address: _____

5. Subdivider Name: _____

Telephone Number: _____

Address: _____

6. Developer Name: _____

Telephone Number: _____

Address: _____

7. Subdivision/Development Name *(if applicable)*:

8. Zoning District Classification(s) of Property *(per Town of Barton Zoning Ordinance Designation)*:

Present: _____ Proposed: _____

9. Town of Barton Land Use Plan District Designation(s):

Present: _____ Proposed: _____

10. Present Use(s) of Property: _____

11. Proposed Use(s) of Property: _____

12. Area of the Property (acres/square feet): _____

TOWN OF BARTON LAND DIVISION ORDINANCE RELATED APPEALS AND
VARIANCES *(to be completed only if a land division related variance or appeal is
requested)*

The following questions shall be answered in writing by the Applicant for an Appeal
or Variance to the Town of Barton Land Division Ordinance:

- a. Indicate the section(s) of the Town of Barton Land Division Ordinance being
appealed or for which a variance is requested *(use additional sheets if
necessary)*:

- b. State the variation requested, giving distances and dimensions where appropriate *(use additional sheets if necessary)*:

- c. State the reason(s) for the request *(attach additional sheets if necessary)*. In the case of a variance request, state the exceptional, extraordinary, or unusual circumstances or conditions where a literal enforcement of the requirements of the Town of Barton Land Division Ordinance would result in severe hardship:

- d. Date of Previous Appeal or Variance Application *(if any)*:

- e. Disposition of Previous Appeal or Variance Application *(if any)*:

REQUIRED SIGNATURE(S) FOR ALL TYPES OF APPLICATIONS:

I hereby certify that all statements, forms, and attachments submitted hereto are true and correct to the best of my knowledge and belief:

Property Owner's Signature

Date

Property Owner's Signature

Date

OTHER REQUIRED APPLICABLE SIGNATURES:

I hereby certify that all statements, forms, and attachments submitted hereto are true and correct to the best of my knowledge and belief:

Applicant's Signature

Date

Subdivider's Signature

Date

Developer's Signature

Date

No "Town of Barton Land Division Application Form" shall be accepted by the Town of Barton until all of the required items set forth in this Application, as applicable to the type of application being made, have been provided to the Town of Barton including all applicable application fees.

*Applications shall be filed with
the Town Clerk or Zoning Administrator.*

FOR TOWN OF BARTON OFFICE USE ONLY

Date Application Filed: _____ File No: _____

ADMINISTRATIVE DEADLINES:

Date Set for Town's Receipt of Reviews and/or Objecting Agency Findings:

Date:

- | | |
|--|-------|
| <input type="checkbox"/> Town Planner Review
(as required) | _____ |
| <input type="checkbox"/> Town Engineer Review
(as required) | _____ |
| <input type="checkbox"/> Utility Companies
(as required) | _____ |
| <input type="checkbox"/> Wisc. Dept. Agriculture, Trade &
Consumer Protection Review
(as required) | _____ |
| <input type="checkbox"/> WisDOT Review
(as required) | _____ |
| <input type="checkbox"/> Wisc. DILHR Review
(as required) | _____ |
| <input type="checkbox"/> Wisc. DNR Review
(as required) | _____ |
| <input type="checkbox"/> Extraterritorial Jurisdiction Municipality Review
(as required) | _____ |
| <input type="checkbox"/> Town Plan Commission Review/Action
Deadline (as required) | _____ |
| <input type="checkbox"/> Town Board Review/Action Deadline
(as required) | _____ |
| <input type="checkbox"/> Washington County
(as required) | _____ |
| <input type="checkbox"/> Advertisement/Public Notice
(as required) | _____ |
| <input type="checkbox"/> Public Hearing
(as may be required) | _____ |

FOR TOWN OF BARTON OFFICE USE ONLY
(continued)

TOWN REVIEW FEES:

Check the Type of Fee(s) Paid:

	Amount:	Date Paid:
<input type="checkbox"/> Sketch Plan Review Fee	\$ _____	_____
<input type="checkbox"/> Certified Survey Map Review Fee (<i>with</i> public dedications & improvements)	\$ _____	_____
<input type="checkbox"/> Certified Survey Map Review Fee (<i>without</i> public dedications & improvements)	\$ _____	_____
<input type="checkbox"/> Preliminary Plat Review Fee	\$ _____	_____
<input type="checkbox"/> Final Plat Review Fee	\$ _____	_____
<input type="checkbox"/> Condominium Review Fee	\$ _____	_____
<input type="checkbox"/> Improvement Review Fee	\$ _____	_____
<input type="checkbox"/> Inspection Fee	\$ _____	_____
<input type="checkbox"/> Engineering Fee	\$ _____	_____

Total Number of Dwelling Units/Lots: _____

Street Tree Fee(s) (if required):

Total Number of Dwelling Units/Lots: _____

Total Street Tree Fee(s) Amount Due: \$ _____

Amount Paid: \$ _____

_____ Date Paid

Fee Receipt No. _____

Remaining Street Trees Fee(s) Amount Due
(in the case of a phased development): \$ _____

Amount Paid: \$ _____

_____ Date Paid

Fee Receipt No. _____

FOR TOWN OF BARTON OFFICE USE ONLY
(continued)

PUBLIC SITE AND FACILITIES FEES *(pursuant to Town Impact Fee Ordinance)*

Public Outdoor Recreation Site Fee(s) (if required):

Total Number of Dwelling Units/Lots: _____

Total Public Outdoor Recreation
Site Fee Amount Due: \$_____

Amount Paid: \$_____

Date Paid

Fee Receipt No. _____

Remaining Public Outdoor Recreation
Site Fee Amount Due
(in the case of a phased development): \$_____

Amount Paid: \$_____

Date Paid

Fee Receipt No. _____

FOR TOWN OF BARTON OFFICE USE ONLY
(continued)

STATE AGENCY (OBJECTING AGENCY) REQUIRED FEES (continued):

Wisconsin Department of Natural Resources:

Application Fee Amount: \$ _____

Amount Paid: \$ _____
Date Paid _____

Fee Receipt No. _____

Applicant's Check No. _____
(also attach copy of check to this Application form) Date of Check _____

Date Town Transmitted Check to State (Objecting) Agency: _____

Wisconsin Department of Industry, Labor, and Human Relations:

Application Fee Amount: \$ _____

Amount Paid: \$ _____
Date Paid _____

Fee Receipt No. _____

Applicant's Check No. _____
(also attach copy of check to this Application form) Date of Check _____

Date Town Transmitted Check to State (Objecting) Agency: _____

FOR TOWN OF BARTON OFFICE USE ONLY
(continued)

STATE AGENCY (OBJECTING AGENCY) REQUIRED FEES:

Wisconsin Department of Agriculture, Trade and Consumer Protection:

Application Fee Amount: \$ _____

Amount Paid: \$ _____
Date Paid

Fee Receipt No. _____

Applicant's Check No. _____
(also attach copy of check to this
Application form) Date of Check

Date Town Transmitted Check to State (Objecting) Agency: _____

Wisconsin Department of Transportation:

Application Fee Amount: \$ _____

Amount Paid: \$ _____
Date Paid

Fee Receipt No. _____

Applicant's Check No. _____
(also attach copy of check to this
Application form) Date of Check

Date Town Transmitted Check to State (Objecting) Agency: _____