



**Building, Safety
and Zoning Department**

**PLAN COMMISSION &
SITE PLAN REVIEW
APPLICATION**

The following information must be submitted two weeks prior to any meeting for staff review and agenda placement. Meetings are every second & fourth Monday in the Council Chambers on the second floor of the Municipal Building, 106 Jones Street, Watertown, WI 53094.

OFFICE USE ONLY

Date Submitted: _____

Total Fees: \$_____

Cash/Check/CC#: _____

Checks made payable to "City of Watertown".

Accepted by: _____

APPLICANT INFORMATION

Name		
Address		City, State, Zip:
Phone		Email:

PROPERTY OWNER INFORMATION

Name		
Address		
Phone		Email:

SUBJECT PROPERTY INFORMATION

Property Address:	Property PIN:
Proposed Project:	

APPLICATION TYPE (Select all that apply)

<u>Item</u>	<u>Fees</u>	<u>Item</u>	<u>Fees</u>
<input type="checkbox"/> Annexation	\$500	<input type="checkbox"/> Site/Building Plan Review	\$300
<input type="checkbox"/> Certified Survey Map (CSM) - City	\$300 + Park Ded. Fees	<input type="checkbox"/> Street Vacation	\$300
<input type="checkbox"/> Certified Survey Map (CSM) - Extraterritorial	\$50	<input type="checkbox"/> Subdivision – Preliminary Plat – City	\$100 + \$50/acre
<input type="checkbox"/> Comp. Plan Amendment	\$500	<input type="checkbox"/> Subdivision – Final Plat – City	\$100 + \$50/lot + Park Ded. Fees
<input type="checkbox"/> Conditional Use Permit (CUP)	\$500	<input type="checkbox"/> Subdivision Plat - Township	\$100 + \$50/lot
<input type="checkbox"/> Condominium	\$300	<input type="checkbox"/> Zoning Map Change (Rezoning)	\$500
<input type="checkbox"/> Group Development	\$500	<input type="checkbox"/> Zoning Ord. Change (Text Amendment)	\$200
<input type="checkbox"/> Planned Unit Development (PUD)	\$1,000	<input type="checkbox"/> Other: _____ Fee: \$_____	

This application, as completed, is true and correct.

SIGNATURE _____ **Date** _____

Please see Chapter 550-145 of the City of Watertown Ordinances for detailed submittals at www.ci.watertown.wi.us or contact the City of Watertown Zoning Administrator at 920-262-4060 to identify items that need to be provided for review. At minimum, the following should be provided:

- 1) One digital plan set shall be submitted to the Building, Safety & Zoning Department.
- 2) A brief description of the proposed project.

All storm water plans will be reviewed with applicable fees charged back to the applicant via City invoice.

Plan Commission Meeting Date _____	Meeting Time: 4:30 p.m.
Site Plan Meeting Date _____	Meeting Time: 1:30 p.m.
Other Meeting Date _____	Meeting Time: _____