

Town of West Bend - Washington County, Wisconsin
APPLICATION for SITE PLAN REVIEW
(R-1N, R-1R, R-1S Districts)

Name of Property Owner: _____

Address: _____

Phone: _____ Email: _____

Name of Applicant (if different from Property Owner): _____

Address: _____

Phone: _____ Email: _____

Property Description:

Address: (if different than Property Owner) _____

Is this a new site plan or an amendment to existing site plan? New: ____ Amendment: ____

A. Tax Key # _____ Current Zoning: _____

B. Tax Key # _____ Current Zoning: _____
(if additional parcels, please attach as separate sheet)

Zoning of adjoining properties:

A. Tax Key # _____ Current Zoning: _____

B. Tax Key # _____ Current Zoning: _____

C. Tax Key # _____ Current Zoning: _____

D. Tax Key # _____ Current Zoning: _____
(if additional properties, please attach as separate sheet)

Is a new parcel being created? Yes ____ No ____

If yes, how many new parcels (check one)? ____1 ____2 ____3 ____4 ____5 or more

If yes, has a Certified Survey Map or Plat been prepared? Yes ____ No ____

Number of proposed dwelling units: _____

Anticipated timeframe for project: _____

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- ___ The type, size, height, and location of all existing and proposed structures with all building dimensions shown.
- ___ Existing and proposed rights-of-way and widths.
- ___ Existing and proposed easements for and locations of all utility lines, including sanitary sewers, water mains, storm sewers, other drainage facilities and features, communications lines, electrical lines, natural gas lines and other utilities present on and around the site, as applicable.
- ___ Scaled architectural plans, color building elevations, and color perspective drawings and color sketches illustrating the design and character of proposed structures, as applicable.

For Undeveloped Sites:

- ___ Site plan drawn to a recognized engineering scale, scale of drawing, north arrow, and site size information (area in square feet or acres).
- ___ Architect, developer, and/or engineer's name and address, as applicable.
- ___ Existing and proposed topography shown at contour intervals of two feet or less. Topography shall extend 40 feet onto adjacent property or to the building on the adjacent lot, whichever is greater.
- ___ Where applicable, both the 100 year recurrence interval floodplain and the floodway; environmental corridors and isolated natural resource areas; and wetland areas.
- ___ Proposed stormwater management facilities, including detention/retention areas.
- ___ Landscape plan with the location, extent, and type of proposed plantings.

Substantive Changes

Any substantive change to the use of this parcel or the structures on it shall require an amendment to the site plan.

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Application Fee:

For residential development via CSM
(\$100.00)

For all other residential development
(\$500.00)

Check Number: _____

Amount: _____

Applicant Signature: _____ Date: _____

Town Clerk Signature: _____ Date: _____

Professional Services Fee:

The Town of West Bend has determined that whenever the services of the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff, as well as outside legal, planning, engineering, and other professional and technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such services fees incurred by the Town to the property owner even if the request is not approved.

I have been advised that if the Zoning Administrator, Building Inspector, Town Engineer, Town Attorney, or any other Town staff provides services to the town because of my activities, or outside legal, planning, engineering, and other professional and technical advice is required, whether at my request or the request of the Town, I shall be responsible for the fees incurred by the Town, even if my request is not approved.

Owner Signature: _____ Date: _____