CITY OF KAUKAUNA
PLAN COMMISSION REVIEW APPLICATION

Zoning Change: From _____ to _____ Minor Subdivision: _____
Special Exception Permit (type of use): _____
Certified Survey Map: _____ Plat Name: _____

Date: _____ Petitioner: _____

Petitioner's Address: _____ Phone: _____

Signature: _____

Owner (if not petitioner): _____

Owner's Address: _____

Address of Affected Parcel: _____

Size of Property: _____ Ft. to _____ Acres: _____

Legal Description: _____
_____
_____

Explain your proposed plans and what you are requesting. Also, note if there are existing structures on the property: _____
_____
_____

A complete site plan, including but not limited to, all structures, lot lines and streets with distances to each, must be submitted with the application when applicable. Attach additional sheets as necessary to provide the information requested.

The proposed street system must be indicated on the "Location Sketch" on the face of the preliminary plat to indicate, within a 2,000 foot radius from the exterior border of the plat, how the proposed streets tie into the existing street system. The "Location Sketch" should be drawn to a scale of not less than 1" - 1,000'.

Additional information may also be requested as may be appropriate per the proposal being made.

FEE SCHEDULE:

Lot Division by Certified Survey Map (1-4 Lots) . . . . . $ 10.00 per lot, based on total lots

Subdivision Review $200.00

Special Exception Permit $100.00

Rezoning/Zone Change $100.00

Variance To Subdivision Ordinance . . . . . $ 50.00

Planned Unit Subdivision Ordinance $200.00

FOR OFFICE USE ONLY:

List all adjacent property owners and their mailing addresses, including condominium owners, with an interest in common areas: (adjacent being defined as properties which physically abut, are contiguous to, and are directly across a public street or alley from the property identified above).

1. _____ _____	2. _____ _____
3. _____ _____	4. _____ _____
5. _____ _____	6. _____ _____
7. _____ _____	8. _____ _____
9. _____ _____	10. _____ _____