

PLANNING REQUEST

FOR OFFICE USE ONLY

PC# _____

CITY OF ELKHORN - DEPARTMENT OF BUILDING AND ZONING

311 SEYMOUR COURT., P.O. BOX 920 • ELKHORN, WI 53121

PHONE: (262)741-5124 • FAX: (262) 741-5135

Notice: This document is an Official City of Elkhorn Document. All submittals must be made on Official City of Elkhorn Documents.

1. General Project Information:

Project Tax Key #: _____ Project Address: _____

Project Title (if any): _____

2. Applicant, Agent & Property Owner Information:

Applicant's Name: _____ Company: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: () _____ Fax: () _____ Email: _____

Agent: _____ Company: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: () _____ Fax: () _____ Email: _____

Owner, if different from Applicant: _____

Street Address: _____ City/State: _____ Zip: _____

Telephone: () _____ Fax: () _____ Email: _____

3. Planning Request (Check all that apply)

- Site Plan and Architectural Review _____ \$175.00 plus \$.04 per sq. ft. (Floor Area)
- Conditional Use Permit _____ \$275.00
- Rezone _____ \$325.00
- Land Use Amendment _____ \$350.00
- Planned Unit Development _____ \$325.00
- Preliminary Plan _____ \$200.00 plus \$20.00 per lot
- Final Plat _____ \$200.00 plus \$20.00 per lot
- Certified Survey Map _____ \$200.00 plus \$20.00 per lot
- Project Concept Review _____ \$150.00
- Conceptual Land Division _____ \$100.00 plus \$3.00 per acre
- Joint Conditional Use & Rezoning _____ \$575.00
- Joint Rezoning & Certified Survey Map _____ \$500.00 plus \$20.00 per each new lot
- Zoning Board of Appeals/Adjustment _____ \$325.00