

VILLAGE/TOWN OF BLOOMFIELD

VILLAGE: PO BOX 609 – TOWN: PO BOX 704, PELL LAKE, WI 53157
Planning and Zoning Office (262) 279-6039 Ext. 3 • Fax (262) 279-0196

P & Z PETITION FOR HEARING

_____ Town _____ Village

PROPERTY OWNER

AGENT INFORMATION

(Name)

(Name)

(Mailing Address)

(Mailing Address)

(City, State, Zip)

(City, State, Zip)

(Phone #)

(Phone #)

PROPERTY INFORMATION:

Tax Key Zoning Fire # Street Name

Town/Village/Utility Property Description/Location of Parcel

ACTION REQUESTED:

- Rezone Lots _____ (from _____ to _____)
Rezone Lots _____ (from _____ to _____)
- Conditional Use Permit - Describe _____

- Variance - from Municipal Code Section _____

LAND DIVISION REQUESTED:

- Lot Line Adjustment Condo Plat
- Certified Survey Map Concept Plan
- Preliminary Plat Final Plat

UTILITIES REQUEST:

- Well & Septic Municipal Water & Sewer

PURPOSE FOR ACTION:

Hearing Requested by: _____

COST RECOVERY AGREEMENT

I/We, the undersigned, do hereby understand and agree that as an applicant or petitioner of the Village/Town of Bloomfield, I/We will be responsible for all normal fees payable by an applicant or petitioner (e.g. application fees, engineer fees, attorney fees, etc.). I/We further understand and agree to be responsible for any additional or consequential costs to the municipality as a result of my/our application or petition (i.e. engineering, legal or other professional services). All fees and costs shall be paid within thirty (30) days of invoice and must be paid prior to the issuance of any permit or license. If payment is not made, said fees and costs may be assessed against the real property as a special charge.

(Property Owner Signature)

(Applicant/Agent Signature)

(Printed Name)

(Printed Name)

For Office Use Only:

Application Fee: \$ _____ Other Fees: \$ _____

Date: _____ Check No. _____ Amt. \$ _____