



Application for Village of Fontana-on-Geneva Lake

175 Valley View Drive • PO Box 200 • Fontana, WI 53125

Phone: 262-275-6136 • Fax: 262-275-8088

Request:

Please check all that apply.

- Site Plan: Major (BSOP)** [§18-245] - \$325.00
- Site Plan: Minor (BSOP)** [§18-245] - \$125.00
- Certified Survey Map (CSM)** - \$200.00 plus \$25.00 per lot
- Lot Line Adjustment** - \$100.00 plus \$25 per lot
- Conditional Use Permit (CUP)** [§18-246] - \$325.00
- Condominium Plat** - \$200.00 plus \$50.00 per unit
- Preliminary Plat** - \$200.00 plus \$50.00 per lot
- Final Plat** - \$200.00 plus \$50.00 per lot
- Planned Development (PD)** [§18-247] - \$325.00
- Planned Development Amendment** - \$325.00
- Zoning District and/or Map Amendment** [§18-244] - \$325.00
- Comprehensive Plan Amendment** - \$325.00
- Other:** _____

Date application was received:

Fee Paid:

Fee: _____ **Admin Fee 10%** Total Fee: _____

Physical Address of Site: _____ **Date:** _____

Tax Parcel Number: _____

Project or Development Name: _____

Applicant

Name: _____

Mailing Address: _____

email: _____

Phone: _____

Owner of Site

Name: _____

Mailing Address: _____

email: _____

Phone: _____

Legal Representative

Name: _____

Mailing Address: _____

email: _____

Phone: _____

Architect, Engineer, Contractor

Name: _____

Mailing Address: _____

email: _____

Phone: _____

Legal Description of Site (Attach separate sheet if additional space is needed):

Please answer all applicable. Missing or incomplete information may deem this application "incomplete," delaying or prohibiting a review.

Current Zoning of Site: _____ **Current Overlay Districts of Site:** _____

Proposed Zoning of Site: _____

Proposed type of structure of use: _____

Proposed use of structure or site: _____

Statement of proposed use of property, with pertinent facts regarding the size of area involved, extent of development, type of operation, etc. (Attach separate sheet if additional space is needed):

Statement showing compatibility of proposed zoning district and proposed use to the Village Comprehensive Plan: (Attach separate sheet if additional space is needed)

Statement showing compatibility of proposed zoning district and proposed use with adjacent properties and neighborhoods (Attach separate sheet if additional space is needed):

Include the names and addresses of all property owners located within 300 feet of the subject property, as measured from all property lines ONLY IF A PUBLIC HEARING IS REQUIRED FOR REQUEST (Attach separate sheet if additional space is needed):

Name

Address

Print Applicant's Name: _____ **Date:** _____

Signature of Applicant: _____

Cost Recovery Certificate and Agreement

Pursuant to Ordinance 10-6-97-1 and Section 18-236 of the Village of Fontana Municipal Code

The undersigned applicant hereby acknowledges and agrees to be bound by Ordinance 10-6-97-1 as codified at Section 18-236 of the Village of Fontana Municipal Code, providing for village recovery of all village costs and disbursements incurred directly or indirectly related to the Applicant's request. All costs incurred by the village in the consideration of any requests by the Applicant related to the Applicant's request shall be recoverable, including, but not limited to, all professional and technical consultant services and fees retained by the village and rendered in review of any application, including the engineer, planner, attorney, or any other professional or expert hired by the village for purposes of review of the application or pre-submission request. The Applicant agrees to reimburse the Village for all costs recoverable pursuant to the terms of the above numbered ordinance within the time period set forth in the Village of Fontana Municipal Code. At no time shall any cost recoverable fees be waived, except through the process of a written request by the Applicant to the Village Board, review and evaluation by the Village Board, and official action taken by the Village Board.

PROJECT INFORMATION

PROJECT NAME

PROJECT ADDRESS

APPLICANT INFORMATION

NAME:

MAILING (BILLING) ADDRESS:

PHONE:

EMAIL:

ATTORNEY INFORMATION

NAME:

PHONE:

EMAIL:

SIGNATURE OF APPLICANT:

Dated this _____ day of _____, _____

Note to Applicant:

The Village Engineer, Attorney and other Village professionals and staff, if requested by the Village to review your request, will bill for their time at an hourly rate which is adjusted from time to time by agreement with the Village. Please inquire as to the current hourly rate you can expect for this work. In addition to these rates, you will be asked to reimburse the Village for those additional costs set forth in Section 18-236 of the Municipal Code.