PLAN COMMISSION REVIEW APPLICATION Village of Raymond, WI

Applicant (Please Print or Type)		Date:
Name:		
Business Name:		
Address:		
Phone		Email Address
Site Address		Site Tax Key Number
Type of Request (d	check all that apply):	
Concept Review	v (\$100) ☐ Site & O¡	peration Plan (\$100) Conditional Use Permit (\$430)
Rezoning/Land	Use Amendment (\$500)	CSM/Plat (\$500 + \$100 per lot) Waiver Request (\$200)
Soil (Land)	Disturbance <i>(\$75 App Fee +</i>	either \$150 for 10,000sf to <1Acre OR \$500 for >1Acre)
Brief Proposed Dev	elopment Description	
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Acknowledgement:		
all reasonable costs include the costs of employees' time sha time to time, for eac	s for engineering, planning, le its own engineers, attorneys all be based upon the classif th such classification. The ap	signing this document that they will be responsible for paying to the Village egal, and administrative expenses incurred by the Village. Such costs shall is, inspectors, agents, sub-contractors and employees. The cost for Village incation of the employee and the rates established be the Village Board, from applicant understands that the legal and/or engineering consultants retained that the Village and not the applicant.
Applicant Signatur	re	Property Owner Signature (Required)
their request. F		ibmittal documents and number of copies pertinent to e individual procedures and submittal requirements

The appropriate submittal fee must accompany a formal submittal.

It is strongly encouraged that any applicant first conceptually review their application with the Zoning Administrator before formal applications are made.