



654 Glover Road, Hudson, WI 54016
Phone: (715) 425-2665 Fax: (715) 425-2551
Office Hours: Monday - Thursday 9:00 — 2:00

LAND USE APPLICATION FORM

The completed form, including all required paperwork and fees, must be received by the Town Clerk thirty days prior to the Plan Commission meeting at which the application is requested to be heard. The Plan Commission routinely meets on the 1st Thursday of every month.

Applicant/Agent

Name: _____
Address: _____
Phone #: _____
Email address: _____

Property Owner

Name: _____
Address: _____
Phone #: _____
Email address: _____

Street Address: _____
Parcel Identification Number: _____
Zoning of Property: _____
Current Use of Property: _____
Proposed Use of Property: _____

REQUEST FOR: (Circle one) Concept Review, C.S.M., C.S.M Expedited Review, Preliminary Plat, or Final Plat.

Describe request (be specific): _____

(ATTACH EXTRA SHEETS AS NECESSARY)

Signatures

Agent/Applicant: _____

Date: _____

Property Owner: _____

Date: _____

Professional review fees equal to the actual cost to the town for professional review of any plan, concept plan, preliminary plat, final plat, certified survey map or separate application to transfer development rights shall be paid before final approval of the Town is completed. "Professional review" is an independent review of such plans or proposals on behalf of the town, including planners, engineers, surveyors, attorneys and any other professional employees or consultants consulted by the town. See Chapter 135 -Subdivision of Land: Article IV (Recovery of Town Costs), Town of Troy Ordinances.

FOR TOWN USE ONLY:

Permit Number: _____

Date Recd.: _____

Preliminary Fees Paid: _____

Notices Sent: _____

Final Fees Paid: _____

Permit issued on (date/whom): _____

Permit denied for the following reasons: _____

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