

Village of Mukwonago  
440 River Crest Ct  
Mukwonago, WI 53149  
Phone: (262) 363-6420  
Fax: (262) 363-6425  
[www.villageofmukwonago.com](http://www.villageofmukwonago.com)

# VILLAGE OF MUKWONAGO

## COMPREHENSIVE PLAN AMENDMENT APPLICATION

Application Fee: \$300

Date Submitted: \_\_\_\_\_

### CONTACTS

---

#### Zoning and Planning Department

Contact:

Phone: (262) 363-3620 ex 2111

Fax: (262) 363-6425

Email: [planner@villageofmukwonago.com](mailto:planner@villageofmukwonago.com)

### GUIDELINES

---

The undersigned petition is to consider a request, as stated herein, for the specified parcel(s) of land and will be reviewed by the Plan Commission and Village Board of the Village of Mukwonago.

Comprehensive plan amendment applications require a public hearing by the Village Board. To ensure the public hearing will be properly advertised, the application must be submitted **at least 30 days prior** to the meeting of the Planning Commission at which consideration will occur.

Materials listed below must be provided to the Village of Mukwonago in accordance with Village Comprehensive Plan 2035 and pertinent sections of Village ordinances, WI Stats. 62.23 and 66.1001, and, as necessary, to permit review that is consistent with proper planning practice. The Village will strive to accommodate reasonable requests for informal preliminary staff review, however the Village shall not place any items on the agenda for Plan Commission consideration until such time as the application is complete in accordance with all requirements specified on this and other attached application forms.

Mail completed applications to: Village Planner

ATTN: Certified Survey Map

440 River Crest Ct

Mukwonago, WI 53149

Deliver to:

Village Clerk's Office

440 River Crest Ct

Email to:

[planner@villageofmukwonago.com](mailto:planner@villageofmukwonago.com)

Complete, accurate and specific information must be entered. Please Print.

### APPLICANT (*Full Legal Name*)

---

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**APPLICANT IS REPRESENTED BY (Full Legal Name)**

---

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**PROPERTY INFORMATION**

---

Property Owner (s) (if different from applicant): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Location/Address: \_\_\_\_\_  
Tax Key No.: \_\_\_\_\_  
Present Classification: \_\_\_\_\_ Requested Classification: \_\_\_\_\_  
Present Use: \_\_\_\_\_ Intended Use: \_\_\_\_\_

**A. Justification of request.**

\_\_\_\_\_  
\_\_\_\_\_

**PROCEDURAL CHECKLIST FOR COMPREHENSIVE PLAN AMENDMENT REVIEW AND APPROVAL**

---

The application packet must be filed with the Village Clerk **at least 30 days prior** to the meeting of the Planning Commission at which action is desired.

**Application Submittal Packet Requirements for Village and Applicant Use (Check off List)**

**Application:**

- Completed application form including the procedural checklist.
- Application fee: \$300
- Agreement for Reimbursable Services (separate application).

**Other Documents:**

- A Plat of Survey.
- A picture/map of the property in relation to the general vicinity.
- A full legal description. This must be in a digital file capable of being copied into Microsoft Word.
- Overview of the adjoining lots (including list of parcel identification numbers and names and mailing addresses of the current owners for all properties within 300 feet of the subject property)
- Please attach a statement detailing the reasons and background for this request.
- Electronic Submittals are required.** Email (or CD ROM) with all plans and submittal materials in Adobe PDF to [planner@villageofmukwonago.com](mailto:planner@villageofmukwonago.com).
- Any additional information as determined by Village staff.

# CERTIFICATION

Applicant hereby certifies that:

1. All of the above statements and other information submitted as part of this application are true and correct to the best of his or her knowledge.
2. Affirms that no Village of Mukwonago elected or appointed official or employee has a proprietary interest in the above referenced property for which this applications being filed (except as stated below under "Exceptions").
3. None of the above referenced individuals has been promised or given any contract for consultation, planning or construction in relation to this project (except as stated below under "Exceptions").
4. Applicant has read and understands all information in this packet.

Applicant further understands the policies of the Village regarding comprehensive plan amendments and property development. Conditions of the ordinance regarding all approvals are strictly followed. Certificates of Occupancy are not given until all conditions of approval have been met.

By the execution of this application, applicant hereby authorizes the Village of Mukwonago or its agents to enter upon the property during the hours of 7:00 am to 7:00 pm daily for the purpose of inspection. Applicant grants this authorization to enter even if this land has been posted against trespassing pursuant to Section 943.13 WI Stats.

*(The applicant's signature must be from a Managing Member if the business is an LLC, or from the President or Vice President if the business is a corporation. A signed applicant's authorization letter may be provided in lieu of the applicant's signature below, and a signed property owner's authorization letter may be provided in lieu of the property owner's signature[s] below. If more than one, all of the owners of the property must sign this Application).*

\_\_\_\_\_  
Signature - Property Owner

\_\_\_\_\_  
Signature - Applicant

\_\_\_\_\_  
Name & Title (PRINT)

\_\_\_\_\_  
Name & Title (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Property Owner

\_\_\_\_\_  
Signature – Applicant's Representative

\_\_\_\_\_  
Name & Title (PRINT)

\_\_\_\_\_  
Name & Title (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY	
<b>Date Paid</b>	<b>Receipt #</b>
<b>Plan Commission Date(s)</b>	<b>Village Board Date(s)</b>
<b>Escrow Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Escrow Amount</b>
<b>Plan Commission Disposition</b>	<b>Village Board Disposition</b>