

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

VILLAGE OF MUKWONAGO

EXTRATERRITORIAL REVIEW APPLICATION

Application Fee: \$200

Date Submitted: _____

TYPE OF SUBMITTAL

(Please check one)

- Certified Survey Map
- Preliminary Plat
- Final Plat
- Other: _____

CONTACTS

Zoning and Planning Department

Contact:
Phone: (262) 363-6420 ex 2111
Fax: (262) 363-6425
Email: 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. 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.

Materials listed below must be provided to the Village of Mukwonago in accordance with Village Municipal Code Chapter 45 Article IV and other pertinent sections of Village ordinances, WI Stats. 236.34, 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: Extraterritorial Review
440 River Crest Ct
Mukwonago, WI 53149

Deliver to: Village Clerk's Office
440 River Crest Ct

Email to: planner@villageofmukwonago.com

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

APPLICANT INFORMATION *(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: _____

ARCHITECT

Name: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

E-Mail: _____

PROFESSIONAL ENGINEER

Name: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

E-Mail: _____

REGISTERED SURVEYOR

Name: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

E-Mail: _____

CONTRACTOR

Name: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

E-Mail: _____

PROPERTY AND PROJECT INFORMATION

Property Owner (s) (if different from applicant): _____
Address: _____ City: _____ State: _____ Zip: _____
Daytime Phone: _____ Fax: _____
E-Mail: _____
Location/Address: _____
Present Zoning: _____ Tax Key No(s): _____
Name of Town Property is Located In: _____
Town Official Contact Name: _____
Town Official Phone #: _____ Email: _____
Present Use: _____ Intended Use: _____

PROCEDURAL CHECKLIST FOR EXTRATERRITORIAL 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.

Certified Survey Maps shall be prepared as provided in § 236.34 (1m) (c) Wis. Stats. and Article IV of the Land Division Ordinance. Submittals for review must include and be accompanied by the following:

Application:

- Completed application form including the procedural checklist.
- Application fee: \$200
- Agreement for Reimbursable Services (separate application).

Other Documents:

- Project Summary: Please attach a statement detailing the reasons and background for this request.
- A letter or other document stating the Town's approval of the submittal.
- Electronic Submittals are required.** Email (or CD ROM) with all plans and submittal materials in Adobe PDF to 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 change of zonings and property development. Conditions of the resolution 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	
Date Paid	Receipt #
Plan Commission Date(s)	Village Board Date(s)
Escrow Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Escrow Amount
Plan Commission Disposition	
Village Board Disposition	