

CITY of BELOIT

Neighborhood Planning Division

100 State Street, Beloit, WI 53511 Phone: (608) 364-6700 Fax: (608) 364-6609

Application for a Final Subdivision or Condominium Plat

(Please Type or Print)

File Number: _____

1. Proposed subdivision name: _____

2. Address of property: _____

3. Tax Parcel Number(s): _____

4. Property is located in (circle one): City of Beloit or Town of: Turtle; Beloit; Rock or LaPrairie

In the ____ Quarter of Section ____, Township ____ North, Range ____ East of the 4th P.M.

5. Owner of record: _____ Phone: _____

(Address)

(City)

(State)

(Zip)

6. Applicant's Name: _____

(Address)

(City)

(State)

(Zip)

(Office Phone #)

(Cell Phone #)

(E-mail Address)

7. Present zoning classification is: _____

8. Is the proposed use permitted in this zoning district: _____

9. THE FOLLOWING ITEMS MAY NEED TO BE COMPLETED AND/OR ATTACHED:

- Copy of Preliminary Plat to Utility Providers:** A written statement confirming that the developer submitted copies of the approved preliminary plat to all utility providers as per section 12.03(2).
- Covenants and Deed Restrictions:** copies of any covenants or deed restrictions.
- Development Agreement & Fee:** a copy of a Final Draft or Approved Development Agreement;
- Contract:** A contract for construction of required utilities and public improvements **or**;
- A Bond;** guarantying the contract for construction **or**,
- Letter from the City Engineer;** stating that the developer has constructed the required improvements and the City has found they are acceptable to the City Engineer **and**;
- Final Plat Map;** 10 copies as required by section 12.04(1) including all information required by section 12.04(2) of the Subdivision Ordinance.

The applicant's signature below indicates the information contained in this application and on all accompanying documents is true and correct. The undersigned does hereby respectfully make application for and petition the City Plan Commission and City Council to review and approve the Preliminary Subdivision Plat for the purpose stated herein. The undersigned also agrees to abide by all applicable federal, state and local laws, rules, and regulations.

(Signature of applicant)

(Print name of applicant)

(Date)

This application must be submitted at least 30 days prior to the Plan Commission meeting date.

Review fee: **\$300 plus \$15 per lot; \$100 Development Agreement Fee** Amount paid: _____

Scheduled meeting date: _____

Application accepted by: _____ Date: _____