

CITY of BELOIT

Planning & Building Services Division

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

Site Plan Review Application

(Please Type or Print) File Number: _____

1. Property Address: _____

2. Owner of record: _____ Phone: _____

(Address) (City) (State) (Zip)

3. Applicant's Name: _____

(Address) (City) (State) (Zip)

(Office Phone #) (Cell Phone #) (E-mail Address)

4. Tax Parcel Number(s): _____

5. Legal description: Lot(s), _____ Block, _____ Subdivision, _____
(If property has not been subdivided, attach a legal description)

Property dimensions are: _____ feet, by _____ feet = _____ Square Feet.

If more than two acres then give area in acres: _____ acres.

6. The property is located in a(n) _____ zoning district.

7. The existing use(s) of this property are: _____

8. All the proposed use(s) for this property are: _____

ONE ELECTRONIC COPY AND THREE HARD COPIES OF THE PLANS, INCLUDING SITE LAYOUT, DRAINAGE & LANDSCAPING PLANS MUST BE SUBMITTED WITH THIS FORM.

THE APPLICANT'S SIGNATURE BELOW INDICATES THE INFORMATION CONTAINED IN THIS APPLICATION AND ON ANY ACCOMPANYING DOCUMENTS IS TRUE AND CORRECT.

(Signature of Applicant)

(Print name)

(Date)

To be completed by Planning Staff:

Plan Review Fee: **\$200*** Amount Paid: _____ Date: _____

***\$300 for New Construction & Larger Additions (>25%)**

Application accepted by: _____ Date: _____

Description of project and approvals granted with this application: _____

Date final approval granted: _____ by: _____