

CITY of BELOIT

Neighborhood Planning Division

100 State Street, Beloit, WI 53511

Phone: (608) 364-6700

Fax: (608) 364-6609

Application for Review of a Preliminary Subdivision 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. The present zoning classification is: _____

8. All existing uses on the property are: _____

9. Proposed future zoning classification(s) is (are): _____

10. Proposed future uses of the property are: _____

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

- Site Assessment Checklist;** as required for all major subdivision plats by section 12.02(1).
- Pre-application meeting;** a pre-application meeting was held on _____ with City of Beloit Staff as per section 12.02(2).
- Site Assessment Report;** if required as per section 12.02(5) of the Subdivision Ordinance.
- Concept Plan;** as required by section 12.02(6) of the Subdivision Ordinance.
- Developer's Statement;** as required by section 12.02(7) of the Subdivision Ordinance.
- Preliminary Plat Map;** 10 copies as required by section 12.03(2) including all information required by section 12.03(3) 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 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)

(Name of applicant)

(Date)

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

Review fee: **\$500 plus \$15 per lot** Amount paid: _____

Scheduled meeting date: _____

Application accepted by: _____ Date: _____