



*Preserving Yesterday's Heritage for Tomorrow.*

Application fee: **\$100.00**  
Receipt No. \_\_\_\_\_  
Date \_\_\_\_\_  
Staff \_\_\_\_\_

## APPLICATION FOR CONCEPT PLAN REVIEW

See reverse side for materials to be submitted with this application

Applicant:

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

Address: \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Site Address: \_\_\_\_\_

Landowner of Record: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Architect (if applicable):

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

Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Engineer or Contractor (if applicable):

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

Address: \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Lot Size \_\_\_\_\_ acres

Location \_\_\_\_ 1/4 Sec. \_\_\_\_\_

Lot street frontage width \_\_\_\_\_

Current zoning \_\_\_\_\_

Lot dimensions \_\_\_\_\_

Does current zoning permit the intended use? \_\_\_\_\_

Days and Hours of Business Operation (if applicable): \_\_\_\_\_

Number of Employees (if applicable): \_\_\_\_\_

This use will be in \_\_\_\_\_ existing building(s) \_\_\_\_\_ new building(s)

Describe specifically the nature of the proposed use associated with the concept plan.

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

This application is meant to be used as a starting point for various Town applications for feedback from the Plan Commission before a formal submittal. It is also the recommended first step for land division applications.

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

## **THE CONCEPT PLAN PROCESS & REQUIREMENTS ARE AS FOLLOWS:**

Updated 1/2023

- ✓ Materials **must** be submitted **three weeks** before the desired meeting date; see the meeting schedule on the Town Website for submittal deadlines.
- ✓ Incomplete applications will not be accepted and/or processed. The \$100 fee AND all other related/requested materials wished to be considered by the applicant must be submitted at the same time. Staff will not accept an incomplete application.
- ✓ Reimbursement agreement must be submitted at the time of application submittal or the application will be considered incomplete.

If the applicant wishes to move beyond the Concept Plan stage, the next step would be the applicant completing and submitting applicable application(s) for their next process(es) for which they are seeking approval.

### **REQUIRED MATERIALS:**

Electronic copies of all documents are to be emailed to **Jack Johnston:**  
[jjohnston@town.cedarburg.wi.us](mailto:jjohnston@town.cedarburg.wi.us)

Staff requests two full-sized hard copies of all applicable documents be submitted along with the application, fee, and reimbursement agreement.

### **Suggested Submittal Materials (electronic copies of those listed below are required)**

- 2 copies of a specific and detailed write-up of the business plan/intended use of property.
- 2 copies of the plat of survey or simple site plan showing the location, dimensions, uses and size of the subject site, existing and proposed structures, easements, parking, streets, loading areas, and uses of abutting land.
- 2 copies of applicable full-color renderings and elevations.
- 2 copies of applicable landscape plan.
- 2 copies of applicable signage.

### **NOTES:**

- ✓ If a newly drafted plat of survey is used for the Concept Plan, it is recommended it be prepared by a registered land surveyor so that we can verify that your project meets the required setbacks.
- ✓ The Concept Plan process can take several months, depending upon direction sought from the applicant to gather the direction, and input received from the Plan Commission (there may be various iterations).
- ✓ The Town Board is typically not involved in the Concept Plan process.



**REIMBURSEMENT NOTICE &  
PROFESSIONAL SERVICES REIMBURSEMENT AGREEMENT**

Pursuant to section 21-16 of the Town Code, the undersigned acknowledges receipt of this Notice and agrees to reimburse the Town of Cedarburg for costs, expenses and fees charged the Town of Cedarburg for legal, engineering, planning, and other required professional consultants as well as Town staff, and which services relate to the following project or matter (regardless of outcome):

**PROJECT NAME:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**SEND ALL INVOICES TO:  
(NAME & ADDRESS)** \_\_\_\_\_

**TAX KEY #(s):** \_\_\_\_\_

I represent and warrant to the Town of Cedarburg that I am authorized to execute this Agreement on behalf of the Applicant and/or Property Owner, and in those cases where the Applicant and/or Property Owner is a corporation, limited liability company, partnership or other business entity (herein collectively "Business Entity"), I represent and warrant that the Business Entity is authorized to do business in the State of Wisconsin, is a Business Entity in good standing, and that I have been authorized to execute and bind the Business Entity to the terms and conditions of this Agreement.

**RESPONSIBLE PARTIES OR PARTY NAME, MAILING ADDRESS, SIGNATURE & DATE:**

Printed Name	Signature <i>(Required)</i>	Date
Mailing Address	City	State & Zip
Phone/Fax	E-mail	

**PROPERTY OWNER NAME, MAILING ADDRESS, SIGNATURE & DATE (If different than that of the Applicant):**

Printed Name	Signature <i>(Required)</i>	Date
Mailing Address	City	State & Zip
Phone	Fax	E-mail