



Architectural Review  
 City of Wisconsin Rapids, Wisconsin  
 Version: January 3, 2019

Community Development Department  
 444 West Grand Avenue  
 Wisconsin Rapids, WI 54495-2780  
 P: (715) 421-8228 Fax: (715) 421-8291

**Overview:** The Planning Commission reviews architectural plans for those land uses specifically requiring such review as listed in the land-use matrix (Appendix A of the zoning code).

**Governing regulations:** The procedures and standards governing the review of this application are found in Article 5 of the City's zoning code (Chapter 11 of the municipal code).

**General instructions:** Complete this application and submit one copy to the Community Development Department. Alternatively, you can submit your application online at <https://wisconsinrapids.zoninghub.com/>

**Application fee:** \$175.00 for new; \$125.00 for amendment of prior approval

Note: Site plan/plan of operation review and architectural review can be combined into one application fee.

**Application submittal deadline:** Applications must be submitted at least 3 weeks prior to the meeting. Please consult the annual Planning Commission schedule for specific dates.

**Mandatory meeting with staff:** To ensure that all the required information is provided and that there is a complete understanding of the process, the applicant must meet with City staff to discuss the request and necessary items. Please contact the Community Development Department to schedule an appointment.

**Office Use Only**

Date Received \_\_\_\_\_  
 Received By \_\_\_\_\_  
 Fee \_\_\_\_\_  
 Case # \_\_\_\_\_  
 Aldermanic District \_\_\_\_\_  
 Plan Commission Date \_\_\_\_\_

**1. Applicant information**

Applicant name \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City, state, zip code \_\_\_\_\_  
 Daytime telephone number \_\_\_\_\_  
 Email \_\_\_\_\_

**2. Agent contact information** Include the names of those agents, if any, that helped prepare this application including the supplemental information. Agents may include surveyors, engineers, landscape architects, architects, planners, and attorneys.

	<u>Agent 1</u>	<u>Agent 2</u>
Name	_____	_____
Company	_____	_____
Street address	_____	_____
City, state, zip code	_____	_____
Daytime telephone number	_____	_____
Email	_____	_____

**3. Type of project (select one)**

- New project
- Amendment of prior approval (if any)

If an amendment, the date of last approval (if any): \_\_\_\_\_

**4. Subject property information**

Physical address \_\_\_\_\_  
 Parcel number(s) \_\_\_\_\_

Note: The parcel number can be found on the tax bill for the property or it may be obtained from the Community Development Department.

Is the subject property currently in violation of the City's zoning ordinance as determined by the City's zoning administrator?

- No
- Yes

If yes, please explain.

**Comment:** Pursuant to Section 11.04.10 of the City's zoning code, the City may not issue a permit or other approval that would benefit a parcel of land that is in violation of the zoning code, except to correct the violation or as may be required by state law.

Are there any unpaid taxes, assessments, special charges, or other required payments that are specifically related to the subject property?

- No
- Yes

If yes, please explain.

**Comment:** Pursuant to Section 11.04.11 of the City's zoning code, the City may not issue a permit or other approval that would benefit a parcel of land where taxes, special assessments, special charges, or other required payments are delinquent and unpaid.

**5. Zoning information** (refer to <https://wisconsinrapids.zoninghub.com/zoningmap.aspx>)

Is the subject property located in the Downtown Design district?

- No
- Yes (If yes, the standards and requirements in Article 14 apply.)

**6. Exterior materials** Describe the proposed exterior materials.

**7. Supplemental materials** Attach the following to this application form.

1. Building elevations
2. Floor plans if available

**8. Attachments** List any attachments included with your application.

**9. Other information** You may provide any other information you feel is relevant to the review of your application.

**10. Mandatory meeting with staff**

When did you meet with the Community Development Director? \_\_\_\_\_ Month/year

**11. Applicant certification**

- I certify that all of the information in this application, along with any attachments, is true and correct to the best of my knowledge and belief.
- I understand that submission of this application authorizes City officials and employees, and other designated agents, including those retained by the City, to enter the property to conduct whatever site investigations are necessary to review this application. This does not authorize any such individual to enter any building on the subject property, unless such inspection is specifically related to the review of this application and the property owner gives his or her permission to do so.
- I understand that this application and any written materials relating to this application will become a permanent public record and that by submitting this application I acknowledge that I have no right to confidentiality. Any person has the right to obtain copies of this application and related materials or view it online.
- I understand that the zoning administrator will review this application to determine if it contains all of the required information. If he or she determines that the application is incomplete, it will not be scheduled for review until it is deemed to be complete.

Property Owner:

\_\_\_\_\_  
Name – print

\_\_\_\_\_  
Name – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name – print

\_\_\_\_\_  
Name – Signature

\_\_\_\_\_  
Date