

**Town of West Bend - Washington County, Wisconsin**  
**APPLICATION for FINAL PLAT**

**Name of Property Owner:** \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Applicant** (if different from Property Owner): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Developer** (if different from Applicant): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Description:**

Address: (if different than Property Owner) \_\_\_\_\_

Location of Property: \_\_\_\_  $\frac{1}{4}$  \_\_\_\_  $\frac{1}{4}$ , Section \_\_\_\_, Town \_\_\_\_ Range \_\_\_\_, Town of West Bend

1. Tax Parcel Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Acreage: \_\_\_\_\_

2. Tax Parcel Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Acreage: \_\_\_\_\_

3. Tax Parcel Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Acreage: \_\_\_\_\_

4. Tax Parcel Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Acreage: \_\_\_\_\_  
(if additional tax parcels, please include on separate sheet)

Total Acreage of Proposed Subdivision: \_\_\_\_\_

Total Number of Proposed Lots:

(If more than 40 lots are proposed, phases must be provided on the Final Plat such that no more than 50% of the total number of lots are included in any one phase)

Anticipated Timeframe for Completed Project: \_\_\_\_\_

Proposed Wastewater Treatment System:

Septic: \_\_\_\_ Mound: \_\_\_\_ Sand/Gravel Filter: \_\_\_\_ Constructed Wetland: \_\_\_\_

Will wastewater treatment use individual or clustered systems? \_\_\_\_\_

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Please explain why this option was chosen: \_\_\_\_\_

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Proposed Water System (check one):

Community Well: \_\_\_\_ Individual Private Wells: \_\_\_\_

Please explain why this option was chosen: \_\_\_\_\_

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Will outlot(s) be included within the proposed subdivision? Yes \_\_\_\_ No \_\_\_\_

If yes, explain the purpose of the outlot(s): \_\_\_\_\_

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Will shared facilities (parks, trails, etc.) be included within the proposed subdivision? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe: \_\_\_\_\_

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**Application Checklist.**

*(This Application shall be completed in full. The Town of West Bend shall not accept any Application for Final Plat until all of the information below, as required under Section 18.4.03 and section 18.5.02 of the Town of West Bend Land Division Ordinance, is submitted as attachment to this Application. Please confirm inclusion of the required information by checking each item below).*

In addition to the information required on the Preliminary Plat, the Final Plat shall show the following (as applicable):

\_\_\_\_ Exact Length and Bearing of the centerline of all streets.

\_\_\_\_ Exact Street Width along the line of any obliquely intersecting street.

\_\_\_\_ Railroad Rights-of-Way within and abutting the plat.

\_\_\_\_ Setbacks or Building Lines if required by the Town Plan Commission in accordance with the guidelines set forth in Chapter 18: Land Division Ordinance.

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- \_\_\_ Utility and drainage easements.
- \_\_\_ All Lands Dedicated for Public Use, reserved for future public acquisition or reserved for the common use of property owners within the Plat.
- \_\_\_ Special Restrictions required by the Town Plan Commission relating to access control along public ways, delineation of floodplain limits, or to the provision of planting strips.

**Application Fee:**

\$150.00, plus \$10.00 for each lot

Check Number: \_\_\_\_\_

**Signatures:**

Owner or Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Professional Services Fee:**

When the services of outside legal, planning, engineering, or other technical advice results in a charge to the Town for professional time and services, the Town Clerk shall charge such fees incurred by the Town to the property owner even if the request is not approved.

I understand and agree that I shall be responsible for any professional services fees incurred by the Town even if my request is not approved.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_