

**Town of West Bend - Washington County, Wisconsin
APPLICATION for CONDOMINIUM 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: ___ 1/4 ___ 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: _____

Town of West Bend Comprehensive Plan land use classification for property (*check one*)

Rural Residential

Roadside Mixed-Use

Neighborhood Residential

Government/Institutional

Shoreline Residential

Is any portion of the property in question classified as Environmental Conservancy District on the Future Land Use Map? Yes ___ No ___

Is any portion of the property in question located within a Town of West Bend/City of West Bend Boundary Agreement on the Future Land Use Map? Yes ___ No ___

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Total Number of Proposed Lots (or lot equivalents): _____

Anticipated Timeframe for Completed Project: _____

Proposed Wastewater Treatment System:

Septic: ___ Mound: ___ Sand/Gravel Filter: ___ Constructed Wetland: ___

Will wastewater treatment use individual or clustered systems? _____

Please explain why this option was chosen: _____

Proposed Water System (check one):

Community Well: ___ Individual Private Wells: ___

Please explain why this option was chosen: _____

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

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

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

If yes, please describe: _____

Application Checklist:

(This Application shall be completed in full. The Town of West Bend shall not accept any Application for Condominium Plat until all of the information below, as required under Section 18.6.02 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).

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The Condominium Plat shall show the following (as applicable):

- ___ Condominium plat prepared by a registered land surveyor that complies in all respects with the requirements of Chapter 703.115, Wis. Stats.
- ___ Condominium plat pages numbered.
- ___ Date, Graphic Scale, and North Point.
- ___ Names and Addresses of the owner, subdivider, and land surveyor preparing the plat.
- ___ Location of the condominium plat by private claim or by government lot, quarter, quarter section, section, township, range, and county.
- ___ A small scale drawing of the section or region in which the plat lies with the location of the plat clearly identified.
- ___ Boundary lines and platting status.
- ___ Lot equivalents numbered sequentially. Units numbered sequentially
- ___ Dimensions of and area of lot equivalents, right-of-ways, and the encompassing area of the map listed as square footage.
- ___ Layout, locations, widths, and names of existing or dedicated streets, alleys, or other public walkways.
- ___ Street access restrictions.
- ___ Radii of all curves.
- ___ Layout, locations, widths, types, and names of existing public and private easements, drainage easements, railroads, and utility rights-of-way public stormwater management facilities and private waste water treatment system locations.
- ___ Existing permanent buildings and structures.
- ___ Parks and cemeteries.
- ___ Location and dimensions of any site to be reserved or dedicated for parks, playgrounds, or other public use or to be reserved by deed or covenants for use of all property owners in the plat with the conditions, if any, of such dedication or reservation.
- ___ Property Listing may require information to be shown beyond the plat boundary, if needed, for staff review of the condominium plat.
- ___ Surveyor's Certificate, Owner's Certificate, Municipality Certificate(s), Washington County Property Listing Certificate, Washington County Treasurer's Certificate.

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___ Additional certificates identified in Chapter 703, Wis. Stats.

___ Required notes and restrictive covenants.

Application Fee:

- \$150.00, plus \$10.00 for each lot or lot equivalent

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: _____