



TOWN OF DOVER

4110 South Beaumont Avenue Kansasville, WI 53139

Phone (262) 878-2200 Fax 262-878-2595

Web Site: www.townofdoverwi.com

APPLICATION FOR THE DOVER JOINT PLAN COMMISSION/TOWN BOARD AGENDA

DATE COMPLETING REQUEST: _____ (today's date)

MEETING DATE REQUEST: _____ (what is the date of the agenda you would like)

YOUR NAME (Person Completing Form): _____

PHONE #: _____ EMAIL ADDRESS: _____

PARCEL # (IF APPLICABLE): 006- 032- _____

ADDRESS WORK WILL BE COMPLETED AT: _____

PROPERTY OWNERS NAME (If Different From Above): _____

PROPERTY OWNERS MAILING ADDRESS (If Different From Above): _____

YOUR AFFILIATION TO PROPERTY OWNER: _____

ACTION REQUESTED: (what do you want to do) (check one)

- PRELIMINARY PLAT
- FINAL PLAT
- CONDITIONAL USE
- CERTIFIED SURVEY MAP (CSM) PRELIMINARY REVIEW
- CERTIFIED SURVEY MAP (CSM) FINAL APPROVAL
- OTHER

TOPIC TO BE DISCUSSED: (brief summary)

NOTE: Resolution 2007-11 requires a \$250.00 application fee when applying for the Jt. Plan Commission/Town Board initial agenda; \$50.00 reapplication fee within six months of the original request and \$250.00 reapplication fee after six months of the original request. Fees are required at time of submitting the agenda application.

You need to provide: Twelve (12) correlated copies of this application, map, CSM or any other attachments
\$250.00 check (check will NOT be cashed till the actual meeting takes place)

PLEASE NOTE DEADLINES TO HAVE AGENDA TOPIC/DOCUMENTATION/PAYMENT SUBMITTED!