



# Town of Mukwonago Waukesha County

W320 S8315 Beulah Road • Mukwonago, WI 53149  
Phone: (262) 363-4555 • Fax: (262) 363-8377

**SUBMIT TO:**

Tim Schwecke, Town Planner

**DEADLINE, *By noon on Tuesday***

*Returning* Applicants, please have application materials in three weeks prior to Plan Commission Meeting which is on the first Wednesday of the month. *New* Applicants, please have application materials in four weeks prior to Plan Commission Meeting which is on the first Wednesday of the month

**CALL FOR AN APPOINTMENT**

**(262) 363-4555**

**APPLICATION**

**TOWN OF MUKWONAGO PLANNING COMMISSION AGENDA**

OWNER: \_\_\_\_\_ AGENT: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION \_\_\_\_\_ TAX KEY # \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_ FAX: \_\_\_\_\_

**SPECIFIC REQUEST** (Please check appropriate item)

- |  |  |
|--|--|
| <input type="checkbox"/> Certified Survey Map          | <input type="checkbox"/> Conditional Use |
| <input type="checkbox"/> Lot NOT Abutting Public Road  | <input type="checkbox"/> Rezoning        |
| <input type="checkbox"/> Site Plan & Plan of Operation | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Subdivision Plat              |  |

**DETAILS OF PROPOSAL:**

\_\_\_\_\_  
I, the undersigned, have been advised that pursuant to the Town of Mukwonago Code of Ordinance to utilize Section 66.60 (16), Wisconsin Statutes, if the Town Attorney, Town Engineer or any other Town professional provides services to the Town as a result of my activities, whether at my request or at the request of the Town, I shall be responsible for the fees incurred by the Town. Also, I have been advised that pursuant to the Town of Mukwonago Code of Ordinances, certain other fees, costs, and charges are my responsibility.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Address of Property Owner

\_\_\_\_\_  
Address of Responsible Party

\_\_\_\_\_  
Planner approves this request on agenda

\_\_\_\_\_  
Received by Town Representative / Date