



## PLAN COMMISSION MISCELLANEOUS APPLICATION

No Application Fee for Miscellaneous Services  
**Due approximately 4 weeks prior to meeting date**

235 Hickory St - Pewaukee WI 53072—villagehall@villageofpewaukeewi.gov—262-691-5660

### PROPERTY / PROPERTY OWNER INFORMATION

Property Address: \_\_\_\_\_ Tax Key: PWV \_\_\_\_\_

Zoning of Property: \_\_\_\_\_ Property Owner Name: \_\_\_\_\_

Property Owner Email: \_\_\_\_\_ Property Owner Phone #: \_\_\_\_\_

### APPLICANT INFORMATION (IF DIFFERENT THAN OWNER)

Applicant Name: \_\_\_\_\_ Applicant Phone #: \_\_\_\_\_

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

Applicant Email: \_\_\_\_\_

### TYPE OF REQUEST: CHECK ALL THAT APPLY

☐ Sign Plan Approval

☐ Preliminary Plat Approval

☐ Final Plat Approval

☐ Developer's Agreement

☐ Certified Survey Map

☐ Other (Describe) \_\_\_\_\_

### SIGNATURES

**Application will not be processed without a completed Professional Services Agreement.**

This signature authorizes the Village of Pewaukee to process the consultation application proposed for my property and further authorizes the Village or its representatives to conduct reasonable and routine inspections of my property for the purposes of evaluating this application.

Signature of Current Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### DIRECTIONS

**Please include the following required items with this application:**

1. One paper copy of the submittal, including plans/drawings/applicable attachments in a size 11x17 page size or less.  
Also provide one full size scale copy if larger than 11x17.
2. One digital copy of the submittal, including plans/drawings/applicable attachments. (USB/Email) ☐
3. Completed Professional Services Reimbursement Form. ☐

**For Office Use Only**

Staff Initials: \_\_\_\_\_

Date/Time Received: \_\_\_\_\_



## PROFESSIONAL SERVICES REIMBURSEMENT AGREEMENT

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### PROPERTY INFORMATION

☐

Property Address: \_\_\_\_\_ Tax Key: PWV \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### RESPONSIBLE PARTY INFORMATION - All invoices will be mailed to this address.

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Business Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Person Responsible for Payment / Business Contact Name: \_\_\_\_\_

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

Responsible Party / Contact Phone Number: \_\_\_\_\_

Responsible Party / Contact Email Address: \_\_\_\_\_

### AGREEMENT / SIGNATURES - Property Owner signature is required.

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Pursuant to the Village of Pewaukee [Code of Ordinances Sec 40.116\(b\)](#), the Village Board has determined that whenever the services of the Village Attorney, Village Engineer, Village Planner, or any other of the Village's professional staff or other expert consultants are retained by the Village in order to complete a proper project review results in a charge to the Village for that professional's time and services and such service is not a service supplied to the Village as a whole, the Village Treasurer shall charge those service fees incurred by the Village to the applicant/property owner. Also, be advised that pursuant to the Village of Pewaukee Code of Ordinances, certain other fees, costs, and charges are the responsibility of the property owner or responsible party.

By signing this form, I, the undersigned, have been advised that pursuant to the Village of Pewaukee Code of Ordinances, if the Village Attorney, Village Engineer, Village Planner, or any other Village professional staff or other expert consultants retained by the Village in order to complete a proper project review provides services to the Village because of my activities, whether at my request or at the request of the Village, I shall be responsible for the fees incurred. In addition, I have been advised that pursuant to the Village of Pewaukee Code of Ordinances, certain other fees, costs, and charges are my responsibility.

**The Village will place fees from unpaid invoices on the real estate tax bill of the property that corresponds to the incurred services.**

Property Owner Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Staff Initials: \_\_\_\_\_

Date Received: \_\_\_\_\_