



TOWN OF GRAFTON ADVISORY DISCUSSION APPLICATION

1102 Bridge Street
P.O. Box 143
Grafton, WI 53024
(p): 262-377-8500
(f): 262-377-0332
Website: www.town.grafton.wi.us

A separate application form must be completed each time the issue appears before the Town Plan Commission. A separate application form must also be completed each time Staff review of punchlist items is required. All information is required for each application. *If submitting applications via facsimile, please send copies of the front and back of the application as well as the front and back of the checklist (as applicable). Applications received without signature and all required information are considered incomplete and will not appear on the agenda.*

Application for Agendas with attached submittals are due at least 15 days prior to each meeting. Please contact the Town Clerk for submittal deadlines. Incomplete applications will not appear on the Town's agenda. A completed and signed Advisory Discussion Requirements Checklist must accompany the application indicating that all of the required information has been attached, as well as thirty (30) copies of all documentation. In addition, an electronic copy of all submittal information is also required. Please see the Advisory Discussion Requirements Checklist for additional submittal guidelines.

Pre-application Conference: All applicants requesting to be placed on the Planning Commission agenda should consider meeting with the Town Professional Staff or designee in a pre-application conference prior to being placed on the agenda. If it is determined by the Town Professional Staff that the preliminary application is sufficient and adequate information is provided, a written application and the required plan and information shall be submitted to the Town Clerk. The application will be placed on the next available Plan Commission agenda subject to established submittal time limits.

- Planning Commission Agenda Application: Date _____ (1st Wed. of Each Month)
- Board of Supervisors Agenda Application: Date _____ (2nd Wed. of Each Month)

Advisory Discussion for _____
(Please indicate whether the advisory discussion is for a conditional use permit, land division, rezone, etc.)

Name of Project: _____

Tax Key No.: _____

Location (lot/block, attach legal): _____

Street Address: _____

Existing Use: _____ Proposed Use : _____

Landowner of Record: Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Applicant:
(if different than owner) Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Owner's Name: _____

Project: _____

Application/Agenda Fees:

The Town of Grafton employs staff who aid in the review of each application. Staff members include (but are not limited to) the Town Clerk, Building Inspector, Administrative Assistants, Engineers, Planners and Lawyers. Professional Service Staff members bill on an hourly basis, and range from \$55/hour for a staff level technician to \$125/hour for senior staff. Each application requires review by several staff members. It is the responsibility of the applicant to pay for the time spent reviewing his/her application. It is at the discretion of the Town what level of effort is required by each individual staff member in order to conduct a complete review. The Town, at its sole discretion, shall be empowered to impose a special charge for the amount of said review cost, payable with the next succeeding tax roll. The applicant will typically be billed for the hourly rates charged by the following staff members:

Engineer	\$94/hour
Planner	\$95/hour

Application Fees

Escrow Required

Pre-Application Meeting \$500

Initial Application

<input type="checkbox"/> Town Administration Fee \$150		Escrow Required
<input type="checkbox"/> Advisory Discussion	Rezoning	\$250
	Conditional Use Permit	\$750
	CSM	\$300
	Town Plat/State Subdivision	\$750

****NOTE: All remaining escrow will be refunded to the applicant upon payment of all invoices.****

Subsequent Application

Town Administration Fee \$50

Sum of previous invoicing \$ _____

Advisory Discussion (See Fee Schedule as listed above)

****NOTE: The Town of Grafton reserves the right to deny an applicant an appearance at Town meetings due to insufficient funds.****

TOTAL AMOUNT RECEIVED: _____

Signature of Applicant: _____

Date: _____

Contact Information:

Please direct all correspondence to the Town Clerk. The Clerk shall direct applicants to Town Staff as required.

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Town Clerk
 Jessica Schmidt
 clerk@townofgrafton.org

Deputy Clerk/Administrative Assistant
 Lila Schwan
 deputyclerk@townofgrafton.org