



# TOWN OF GRAFTON TOWN PLAT/STATE SUBDIVISION 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](http://www.town.grafton.wi.us)

A separate application form must be completed each time the issue appears before the Town Plan Commission or Town Board of Supervisors. 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 or be reviewed by Staff.*

Applications for Agendas with attached submittals are due at least **45 days** prior to each meeting. Incomplete applications will not appear on the Town's agenda. A completed and signed Town Plat/State Subdivision Requirement 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 Town Plat/State Subdivision Requirements Checklist for additional submittal guidelines.

**Pre-application Conference:** All applicants requesting to be placed on the Planning Commission agenda must schedule a 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. *Please note that a pre-application conference must take place and revisions per Staff comments be completed prior to the 45-day deadline in order for materials to be submitted to the Town Clerk on time.*

Nature of Request:

PRELIMINARY / FINAL PLAT (CIRCLE ONE)

- Pre-application Conference: Date \_\_\_\_\_
- Planning Commission Agenda Application: Date \_\_\_\_\_ (1<sup>st</sup> Wed. of Each Month)
- Board of Supervisors Agenda Application: Date \_\_\_\_\_ (2<sup>nd</sup> Wed. of Each Month)
- Staff review of punchlist items

Name of Project: \_\_\_\_\_

Tax Key No.: \_\_\_\_\_

Location (lot/block, attach legal): \_\_\_\_\_

Street Address: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Proposed Zoning : \_\_\_\_\_

Landowner of Record: Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant: Name: \_\_\_\_\_

(if different than owner) Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Engineer: Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Surveyor: 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**

Pre-Application Meeting

Escrow Required	\$500
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Fees Expected	\$300
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**Preliminary Plat – Initial Application**

Town Administration Fee \$150

Map Amendment Fee \$250

Town Plat/State Subdivision Review Impact Fees (assessed with building permit)

Escrow Required	\$5,000
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Park and Open Space Road	
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Fees Expected	\$1,500/lot (total project cost)*
	\$2,000/new lot created
	\$929/new lot created

**Final Plat – Initial Application**

Town Administration Fee \$250

Recording Bond \$1,000

Town Plat/State Subdivision Review

Escrow Required	\$2,500
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Fees Expected	\$1,500/lot (total project cost)*
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\*Staff estimates that the total project cost to review the plats (preliminary and final), construction drawings, supplemental drawings, stormwater management plan, and to inspect the public improvement portion of the project will be \$1,500/lot. The per lot cost will vary dependent upon the total number of lots and the complexity of the development. This amount is not due at the Town prior to application, however, once the remaining escrow is reduced to \$500, the applicant will be required to replenish the escrow to the full amount prior to any further review by Staff or appearances at Town meetings.

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

**Subsequent Applications**

Town Administration Fee \$50

Account Balance \$ \_\_\_\_\_

Town Plat/State Subdivision Review

Escrow Required	\$1,000
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Fees Expected	\$750
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Subsequent reviews include Staff time required to review the completion of punchlist items generated from an appearance before the Plan Commission or Town Board. Subsequent applications shall be submitted to the Town Clerk with proper payment.

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

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.

**Town of Grafton**

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Grafton, WI 53024

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Website: www.town.grafton.wi.us

**Town Clerk**

Jessica Schmidt

clerk@townofgrafton.org

**Deputy Clerk/Administrative Assistant**

Lila Schwan

deputyclerk@townofgrafton.org