



REQUEST FOR DEVELOPMENT APPROVALS

2828 Allouez Avenue Bellevue, WI 54311 (920) 468-5225
Fax (920) 468-4196 email: andrewv@villageofbellevue.org

Application Number: _____ Parcel Number: _____

Name of Owner (Individual, Corp., etc.) _____

Contact Name _____ Lot _____

Address _____ Phone _____

Email _____ Fax _____

Name of Applicant/Contact Person (if different from Owner). Only applicant will be notified for meetings and public hearing.

Name of Contact Person _____

Name of Firm/Company _____ Phone _____

Mailing Address _____ Fax _____

Email _____

Type of Request (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Official Map Amendment/ADP | <input type="checkbox"/> Planned Development District | <input type="checkbox"/> Subdivision Plat Map |
| <input type="checkbox"/> Comp. Plan Amendment | <input type="checkbox"/> Conditional Use (Supplement "A" Req'd) | <input type="checkbox"/> Certified Survey Map |
| <input type="checkbox"/> Re-Zoning Request | <input type="checkbox"/> Zoning Approval (Supplement "A" Req'd) | |

Address of Affected Property _____ Current Zoning _____

Owner Signature _____ Date _____

Note: *No request for re-zoning will be placed on the agenda without the signature of the property owner(s).*

Required Submittal Documents:

- Legal Description
- Detail Map of Area
- Letter of Intent indicating the specifics of request
- Appropriate Exhibits for processing

FOR OFFICE USE ONLY: Review Fees (check all that apply)

ADP/Official Map Amendment \$350 _____	Preliminary Plat \$200 +\$35/lot _____	Preliminary PDD \$500 _____
Conditional Use Request \$350 _____	Final Plat \$100 _____	Final PDD \$300+ \$100/M>1M _____
Certified Survey Map \$175 _____	Comp. Plan Amendment \$350 _____	PDD Amendments \$350 _____
Rezoning Request \$250 _____	Extra CSM/Plat \$100 _____	

Amount Paid: _____ Date Paid: _____ Receipt Number: _____