

# PLANNING APPLICATION



Project/ Business Name: \_\_\_\_\_

Completed applications may be emailed to [GINA.VLACH@GREENFIELDWI.GOV](mailto:GINA.VLACH@GREENFIELDWI.GOV)

To be placed on the Plan Commission Agenda, all required application components and the associated fee  
**MUST BE RECEIVED BEFORE THE SUBMISSION DEADLINE.**

PROPERTY INFORMATION	
ALL FIELDS MUST BE FILLED IN OR THE APPLICATION WILL BE RETURNED TO THE APPLICANT TO COMPLETE	
Street Address: _____	
Tenant Address/ Suite Number: _____	
Previous Occupant: _____	
Property Owner's Name: _____	
Property Owner's Phone Number: _____	
Property Owner's Email: _____	
Total Project Cost Estimate: _____	
NAICS Number (REQUIRED): _____ ( <a href="http://www.NAICS.com">www.NAICS.com</a> )	

FOR OFFICE USE ONLY	
Tax Key Number: _____	
Aldermanic District: _____ Current Zoning District: _____	
Property Owner's Address: _____	
Plan Commission: _____	
Common Council: _____	

APPLICATION COMPONENTS	
<input type="checkbox"/> Completed Application <input type="checkbox"/> Project Description <input type="checkbox"/> Payment of Fees (see fee schedule) <input type="checkbox"/> Impervious Area & Disturbed Area Form ( <b>if required</b> ) * <input type="checkbox"/> Two (2) 24" x 36" sets of plans ( <b>if required</b> ) * <input type="checkbox"/> Site/ Landscaping/ Screening Plans <input type="checkbox"/> Certified Survey Map (8.5" x 14") <input type="checkbox"/> Elevations <input type="checkbox"/> Floor Plans <input type="checkbox"/> Other	
<b>* Contact the Community Development Division to determine if this is required for your project.</b>	

APPLICANT	
Full Name: _____	
Company: _____	
Address: _____	
City: _____	
State: _____	Zip Code: _____
Phone Number: _____	
Email Address: _____	

Application Type & Fee	
Check all that apply.	
<input type="checkbox"/> Site/ Landscape/ Architectural Plan Approval <input type="checkbox"/> Special Use Permit <input type="checkbox"/> Preliminary Certified Survey Map <input type="checkbox"/> Preliminary Subdivision Plat <input type="checkbox"/> Rezoning or Planned Unit Development (PUD) <input type="checkbox"/> Special Use Review <input type="checkbox"/> Certified Survey Map <input type="checkbox"/> Final Subdivision Plat <input type="checkbox"/> Existing Zoning: _____ <input type="checkbox"/> Proposed Zoning: _____ <input type="checkbox"/> Comprehensive Land Use Plan Amendment <input type="checkbox"/> Existing Use: _____ <input type="checkbox"/> Proposed Use: _____ <input type="checkbox"/> Conceptual Project Review <input type="checkbox"/> Variance/ Waiver/ Appeal from Ordinances <input type="checkbox"/> Other (Specify) _____	
<b>Amount Due</b>	<b>\$</b>

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
(required for all applicants who are tenants)