

PLANNING APPLICATION



Project/ Business Name: _____

Completed applications may be emailed to 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): _____ (www.NAICS.com)

APPLICANT

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

ARCHITECT/ ENGINEER/ REPRESENTATIVE

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

FOR OFFICE USE ONLY

Tax Key Number: _____
Aldermanic District: _____ Current Zoning District: _____
Property Owner's Address: _____

Plan Commission: _____
Common Council: _____

APPLICATION COMPONENTS

- ☐ Completed Application
- ☐ Project Description
- ☐ Payment of Fees (see fee schedule)
- ☐ Impervious Area & Disturbed Area Form (if required) *
- ☐ Two (2) 24" x 36" sets of plans (if required) *
 - ☐ Site/ Landscaping/ Screening Plans
 - ☐ Certified Survey Map (8.5" x 14")
 - ☐ Elevations ☐ Floor Plans ☐ Other

*** Contact the Community Development Division to determine if this is required for your project.**

Application Type & Fee

Check all that apply.

- ☐ Site/ Landscape/ Architectural Plan Approval
- ☐ Special Use Permit ☐ Special Use Review
- ☐ Preliminary Certified Survey Map ☐ Certified Survey Map
- ☐ Preliminary Subdivision Plat ☐ Final Subdivision Plat
- ☐ Rezoning or Planned Unit Development (PUD)
 - o Existing Zoning: _____ o Proposed Zoning: _____
- ☐ Comprehensive Land Use Plan Amendment
 - o Existing Use: _____ o Proposed Use: _____
- ☐ Conceptual Project Review
- ☐ Variance/ Waiver/ Appeal from Ordinances
- ☐ Other (Specify)

Amount Due \$

Applicant Signature _____ Date _____

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