



Mineral Point, Wisconsin

CITY OF MINERAL POINT

137 HIGH STREET, SUITE 1
MINERAL POINT, WI 53565
608-987-2361

Planning and Zoning Application

Municipality (Check One):

☐ City of Mineral Point

☐ Town of Mineral Point(ETZ)

Property Address:

Parcel #:

Lot Size:

Property Owner:

Name:

Address:

Phone:

Email:

Agent:

Name:

Address:

Phone:

Email:

Action Requested:

Administrative Review:

- | | <u>Fee:</u> |
|--|-------------|
| <input type="checkbox"/> New Build 1 & 2 Family Residential: | \$100 |
| <input type="checkbox"/> Residential Additions: | \$75 |
| <input type="checkbox"/> Accessory Structure: | \$50 |
| <input type="checkbox"/> Commercial Zoning: | \$150 |
| <input type="checkbox"/> Commercial Signage: | \$50 |
| <input type="checkbox"/> Driveway: | \$50 |

Planning Approval*:

- | | <u>Fee:</u> |
|---|---------------------------|
| <input type="checkbox"/> Certified Survey Map (CSM): | \$300 |
| <input type="checkbox"/> Conditional Use Permit: | \$400 |
| <input type="checkbox"/> Zoning Change Request: | \$500 |
| <input type="checkbox"/> Variance Request: | \$500 |
| <input type="checkbox"/> Plat Review: | \$300 |
| <input type="checkbox"/> Commercial Site Plan Review: | Engineering Expense + 10% |
| <input type="checkbox"/> Land Use Planning: | \$3,000 |

* Planning Approval Items require review and approval by the Plan Commission, the Board of Appeals, and/or the City Council.

Instructions:

1. All Zoning Permits Applications require a description of the project and a preliminary site plan map. The Zoning administrator may request additional items. Permit approval is subject to having the necessary information.
2. Certified Survey Maps and Zoning Changes require a Plat of Survey or preliminary CSM.
3. Variance Requests must be accompanied by the applicant's written statement explaining: 1) Why complying with the ordinance results in unnecessary hardship, (2) evidence the hardship is due to the unique conditions of the property, and (3) demonstrate the variance will not harm the public interest.



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Project Description and Reason for Request:

Attachments:

Applicant Signatures:

Signature, Printed Name, Date

Signature, Printed Name, Date

Date Received: _____

Fee Collected: _____