



Street Address:
1071 Highway 33 East
West Bend, WI 53095

LAND DEVELOPMENT APPLICATION
TOWN OF TRENTON
Telephone: 262-675-6009 • Fax 262-675-6052

Mailing Address:
P.O. Box 259
Newburg, WI 53060-0259

APPLICANT: _____ TELEPHONE: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PROPERTY OWNER: _____ TELEPHONE: _____

REQUEST FOR:

- | | |
|---|--|
| <input type="checkbox"/> Concept Review | <input type="checkbox"/> Conditional Use Zoning |
| <input type="checkbox"/> Site/Architectural Plan Approval | <input type="checkbox"/> Planned Development |
| <input type="checkbox"/> Subdivision Plat or CSM Review | <input type="checkbox"/> Variance/Board of Appeals |
| <input type="checkbox"/> Zoning District Change | <input type="checkbox"/> Other |

STATUS OF APPLICANT: () OWNER () AGENT () BUYER () OTHER

PROJECT NAME: _____

PRESENT ZONING: _____ REQUIRED ZONING: _____

LOCATION: _____ ACREAGE: _____

USES PROPOSED & DESCRIBE REQUEST: _____

NOTE: Please attach a one-page (minimum) written description of your proposal or request & drawings, sketches, or survey maps as appropriate no larger than 11' x 17" (if readable).

The undersigned certifies that he/she has familiarized himself/herself with the State and local codes and procedures pertaining to this application. The undersigned further hereby certifies that the information contained in this application is true and correct. This application shall be signed by the property owner(s).

SIGNED BY: _____ SIGNED BY: _____ DATE: _____
(PROPERTY OWNER) (PROPERTY OWNER)

**SEE FEE SCHEDULE FOR FEE
AMOUNT TO BE PAID WITH
THIS APPLICATION**

\$ _____ TOTAL FEE

Application Submittal Date: _____

Date Fees Paid: _____

Plan Submittal Date: _____

Confirm Plans Submitted: _____

1st Plan Commission Appearance: _____

APPLICATION & FEE RECEIVED BY: _____ DATE: _____

FIFTEEN (15) COPIES OF MATERIALS REQUIRED ON SUBMITTAL DEADLINE DATE