

**TOWN OF ERIN, WASHINGTON COUNTY**  
**APPLICATION TO PLAN COMMISSION**

Owner \_\_\_\_\_

Address of Property \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Tax Key # \_\_\_\_\_ Parcel Address \_\_\_\_\_

Parcel Zoning \_\_\_\_\_ Parcel Acreage \_\_\_\_\_

Petitioner *(Complete only if different than owner)*

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Statement of proposed action for the plan commission:

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**Application must be reviewed and approved by the town zoning staff prior to presentation to Plan Commission. Plan Commission meetings are typically held the first Monday of each month.**

**Submit application material five weeks or more prior to the plan commission meeting you are seeking to attend.**

- **Required Items:**
  - Application to plan commission (Includes complete professional services reimbursement form)
  - Plat of survey of parcel showing all existing buildings and proposed improvement (11x17 size)
  - Cash or Check Payment
- **Additional requirements based on proposed action *(review with zoning staff)*:**
  - Application for Certificate of Zoning Compliance (if applicable)
  - Complete set of building plans of the proposed improvement (11x17 size)
  - Property legal description emailed to zoning@erintownship.com in editable format (ie. Word, Google Doc., etc.)
  - Site plan as per §360-17

**Applicant will be notified of by zoning staff if application is complete and will be responsible for providing the following for plan commission review:**

- 12 paper copies of requested materials (11x17 size for plat of survey & building plans)
- Email an electronic copy of all application material to zoning@erintownship.com

**Review fee schedule with zoning staff before submitting application.**

- Plan Commission Appearance \$450 \_\_\_\_\_
- CSM/Preliminary and Final \$250 \_\_\_\_\_
- Recordings to Washington County \$100 \_\_\_\_\_  
(Includes town administrative and Washington County recording fees)
- Copy fees \$0.25 per page \_\_\_\_\_
- Rezoning \$300 \_\_\_\_\_
- CSM/Plat Land Division:
  - 1-2 lots \$325 \_\_\_\_\_
  - 3-4 lots \$640 \_\_\_\_\_
  - 5-9 lots \$955 \_\_\_\_\_
  - 10-15 lots \$200 per lot \_\_\_\_\_
  - 16-19 lots \$265 per lot \_\_\_\_\_
  - 20-29 lots \$418 per lot \_\_\_\_\_
  - 30 + lots \$565 per lot \_\_\_\_\_
  - Conditional Use Permit  
for all zoning districts \$450 \_\_\_\_\_
- Total due with approved application** \_\_\_\_\_

\*Fees are subject to change; please refer to approved fee schedule.

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

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**FOR OFFICE USE ONLY**

Paid Fee \$ \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Receipt # \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Action (s) Needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Town of Erin**  
1846 STH 83  
Hartford, WI 53027  
Tel: (262) 673-3682 Fax: (262) 673-3755

**PROFESSIONAL SERVICES REIMBURSEMENT NOTICE PLEASE READ AND SIGN BELOW:**

I/we, the undersigned, have been advised that, pursuant to the Town of Erin, if the Town Zoning Administrator, Town Attorney, Town Building Inspector or any other Town professional provides services to the Town because of my/our activities, whether at my/our request or at the request of the Town, I/we shall be responsible for the fees incurred by the Town even if my/our request is not approved. In addition, I/we have been advised that pursuant to the Town of Erin certain other fees, costs, and charges are my/our responsibility even if my/our request is not approved.

*You will receive your first bill when charges are incurred. Bills will be sent monthly thereafter so you are kept up to date regarding your current charges.*

PROJECT NAME \_\_\_\_\_ TAX KEY #. \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_

REQUEST FOR \_\_\_\_\_

**RESPONSIBLE PARTY (PETITIONER) NAME, MAILING ADDRESS, SIGNATURE & DATE:**

\_\_\_\_\_  
*Printed Name* *Signature* *Date*

\_\_\_\_\_  
*Mailing Address* *City* *State* *Zip*

\_\_\_\_\_  
*Phone* *Fax* *Email*

**PROPERTY OWNER NAME, MAILING ADDRESS, SIGNATURE & DATE:**

\_\_\_\_\_  
*Printed Name* *Signature* *Date*

\_\_\_\_\_  
*Social Security number* *or* *FEIN number*

\_\_\_\_\_  
*Mailing Address* *City* *State* *Zip*

\_\_\_\_\_  
*Phone* *Email address*