

TOWN OF POLK

3680 STATE HWY. 60, SLINGER, WI 53086

Planning/Zoning Secretary: Tracy L. Groth

T: 262.677-2123 E: polk.zoning@att.net F: 262.677.2423

APPLICATION FOR PLAN COMMISSION REVIEW

Commercial, Institutional & Industrial Site/Building Review

Owner Name _____ Phone: _____

Business Name: _____

Tax Key or Parcel # _____ Size of Parcel _____

Parcel Address _____

Section _____ Zoning District _____ Email Address: _____

Review is for (check all that apply):

- | | |
|---|---------------------------------|
| _____ New Building Construction | _____ New Site Development |
| _____ Addition/Renovation of Existing Buildings | _____ Expanded Site Development |
| | _____ Signage |

Size of Buildings and Use

Building or Sign #1 _____

Building or Sign #2 _____

Building or Sign #3 _____

Plans & Specifications to be Submitted to Plan Commission

To encourage an environment that is compatible with the rural character of the Town, zoning permits and occupancy permits for permitted uses in the Business, Industrial and Institutional Districts shall not be issued without review of the Town of Polk Plan Commission and approval by the Town Board. *NOTE: Plan Commission meets the first Tuesday of each month. Applications for site review should be submitted to the Zoning Secretary two (2) weeks before the Plan Commission meeting.*

Provide 10 copies the following materials for the Plan Commission & Town Board.

- **Application for Plan Commission Review**
- **Plot Plans indicating:**
 - i. General layout of buildings with setbacks
 - ii. Points of ingress and egress to the property
 - iii. Parking
 - iv. Loading and unloading
 - v. Landscaping Plans (grassy areas, planting beds,)
 - vi. Detention ponds (if required)/Storm water management
 - vii. Sanitary Septic
 - viii. Signage (if applying for signage, please provide plans and description including facing artwork)
 - ix. Exterior Illumination
- **Site Plan Review Fee : \$100.00 for each review**

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Owner/Agent Signature: _____ Date: _____

Owner/Agent Name- PLEASE PRINT: _____

Office Use:

Date Filed: _____ Accepted by: _____

Date of Plan Commission Review: _____

Plan Commission Recommendation: _____

Date of Town Board Review (if applicable): _____

Town Board Decision: _____

Applicant Notified: _____

Zoning Secretary Notes: