

# Contact Information

## Land Division/Site Plan/CUP Applications

Updated: 2/14/19

## Town of Middleton

7555 W. Old Sauk Road

Verona, WI 53593-9700

Phone: 608-833-5887

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[info@town.middleton.wi.us](mailto:info@town.middleton.wi.us)

The Town of Middleton Plan Commission meets on the first Wednesday of the month at 6:30 p.m. at Town Hall, 7555 W. Old Sauk Road. **All applications and accompanying information must be submitted 21 calendar days prior to the Commission meeting where action is requested.** Both hard copies and PDF electronic copies are required – contact the Town Clerk for desired formats.

*(This section to be completed by Applicant)*

### PROJECT INFORMATION

Plat Name or Site Description:	
Location (Address or CSM/Plat Lot #):	
Acres Involved:	Number of Lots:
Total Acreage of Tract (including contiguous lands owned by Owner/Applicant):	

### APPLICANT INFORMATION

<b>Applicant/Land Divider:</b>		
Address:		
Phone:	Fax:	E-mail:
<b>Owner:</b>		
Address:		
Phone:	Fax:	E-mail:
<b>Surveyor:</b>		
Address:		
Phone:	Fax:	E-mail:
<b>Engineer:</b>		
Address:		
Phone:	Fax:	E-mail:
<b>Attorney:</b>		
Address:		
Phone:	Fax:	E-mail:

I hereby agree to pay for any and all costs and charges borne by the Town of Middleton as related to and for the purposes of review of the Land Division, Site Plan or CUP listed above, including administrative, engineering and legal review that may exceed the required deposit. Fees incurred by the Town in excess of the deposit shall be due within 30 days of receipt of invoice from the Town of Middleton.

Applicant/Land Divider: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature (Required if different from Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

***(This section for Town Use Only)***

Date Received: ____/____/____	
Escrow account deposit amount received:	On Date: ____/____/____
Additional notes:	

**TENTATIVE MEETING SCHEDULE \***

(Town to complete meeting dates and share with Applicant, Owner, Town Engineer, and Town Attorney upon submittal. Meeting schedules are subject to change based on progress of application approval.)

<b><i>Certified Survey Map (CSM)</i></b>	<b><i>Dates</i></b>
Plan Commission Concept Review (Optional – at Applicant’s discretion)	____/____/____
<ul style="list-style-type: none"> <li>• Plan Commission Review</li> <li>• Park Commission Review</li> <li>• Public Hearing/Town Board Review</li> </ul>	 ____/____/____ ____/____/____ ____/____/____

<b><i>Plats</i></b>	<b><i>Dates</i></b>
Plan Commission Concept Review (Required)	____/____/____
<b>Preliminary Plat</b> <ul style="list-style-type: none"> <li>• Plan Commission Review</li> <li>• Park Commission Review</li> <li>• Public Hearing/Town Board Review</li> </ul>	 ____/____/____ ____/____/____ ____/____/____
<b>Final Plat</b> <ul style="list-style-type: none"> <li>• Plan Commission Presentation</li> <li>• Park Commission Review</li> <li>• Town Board Review</li> </ul>	 ____/____/____ ____/____/____ ____/____/____

<b><i>Conditional Use Permit/Site Plan/Rezone</i></b>	<b><i>Dates</i></b>
Plan Commission Concept Review (Optional – at Applicant’s discretion)	____/____/____
<ul style="list-style-type: none"> <li>• Plan Commission Review</li> <li>• Public Hearing (CUP only)/Town Board Review</li> </ul>	 ____/____/____ ____/____/____