



TOWN OF LAWRENCE PLAT REVIEW APPLICATION FOR PLANNING AND ZONING

GENERAL INFORMATION

Purpose:	Final approval of a proposed plat will involve the successive approvals of a preliminary sketch, preliminary plat, and final plat.
Fee:	\$350.00 (\$50 per additional review)
Meeting Dates/Times:	Meetings of the Planning and Zoning Board occur the second Wednesday of each month at the Lawrence Town Hall, 2400 Shady Ct., De Pere, WI 54115 at 6:00pm. Submit app 7 days prior to meeting.
Application/Information Submittal:	One electronic set of plans, plus one copies of all site plans requiring approval by the Planning and Zoning Board, shall be submitted to the Town Clerk/Treasurer <u>seven days prior to the second Wednesday of the month</u> . Landscaping plans may be submitted separately or included in the site plan. See ordinance for required information.
Ordinance:	<u>§ 267-22 – 267-28 Article VII Plat Approval</u>

READ ALL INSTRUCTIONS PROVIDED BEFORE COMPLETING. IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL PAGES.

SECTION 1: APPLICANT INFORMATION

Applicant Name:		
Mailing Address:		
City:	State:	ZIP Code:
Email:		
Phone Number:		

SECTION 2: LANDOWNER/DEVELOPER INFORMATION (IF DIFFERENT FROM APPLICANT)

Owner/Developer Name:		
Mailing Address:		Email:
City:	State:	ZIP Code:
Email:		
Phone number:		

SECTION 3: PROJECT OR SITE LOCATION

Project Address:	Parcel #(s):
Parcel Size:	
Current Zoning District:	Frontage:



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Legal Description:

SECTION 4: ADDITIONAL INFORMATION

Describe Purposed Plan:

Documentation of any required State,
County, or DNR approvals must be
attached.

Date of Preliminary P/Z Meeting:

Date of Preliminary Town Board Meeting:

Date of Final P/Z Meeting:

Date of Final Town Board Meeting:

Prepare and submit an electronic copy of the sign plan detailing your request completely and any additional information which will support your application.

Signature of Applicant:

Date:



FOR OFFICE USE ONLY
APPLICATION/PAYMENT RECEIVED BY

Name: _____

Check # _____ Amount: \$ _____

Date: _____ Meeting Date: _____

District: _____ Zoning: _____

Permit #:

Parcel #:



2400 Shady Court * De Pere, WI 54115 * Phone: (920) 336-9131 * Fax: (920) 336-9193

Plat Review Flowchart

1 COPY OF PRELIMINARY SKETCH AND LETTER OF INTENT MUST BE SUBMITTED (OR EMAILED ELECTRONICALLY TO PERMIT@LAWRENCEWI.GOV) NOT LESS THAN 2 WEEKS PRECEDING THE P/Z MEETING. SKETCH MUST BE DRAWN AS SPECIFIED IN §267-22



PRELIMINARY PLAT REVIEW APPLICATION SUBMITTED TO ZONING ADMINISTRATOR/TOWN STAFF AT TOWN HALL OR ELECTRONICALLY AS ABOVE – THEN STAFF REVIEW



PLANNING AND ZONING MEETING TO APPROVE, CONDITIONALLY APPROVE, OR DENY PRELIMINARY PLAT TO TOWN BOARD



TOWN BOARD MEETING WHERE TOWN BOARD EITHER APPROVES OR DENIES PRELIMINARY PLAT WITHIN 90 DAYS OF FILING APPLICATION



FINAL PLAT REVIEW APPLICATION AND DOCUMENTS (SEE ORDINANCE) MUST BE SUBMITTED WITHIN 36 MONTHS OF DATE OF APPROVAL OF PRELIMINARY PLAT TO ZONING ADMINISTRATOR/TOWN STAFF AT THE TOWN HALL OR ELECTRONICALLY AT PERMIT@LAWRENCEWI.GOV



FINAL PLAT REVIEW BY PLANNING AND ZONING BOARD- WHO APPROVES OR DENIES FINAL PLAT TO TOWN BOARD



FINAL PLAT REVIEW BY TOWN BOARD WHO EITHER APPROVES OR DENIES FINAL PLAT

Recommendation by Planning and Zoning

Planning and Zoning meeting Date: _____

Recommended Action:

Recommended Conditions:

Vote: _____

Authorized Signature

Decision by Town Board

Town Board Meeting Date: _____

Discussion:

Recommended Conditions:

Vote: _____

Authorized Signature