



# PLAN COMMISSION APPLICATION

CITY OF MIDDLETON • 7426 HUBBARD AVE. • MIDDLETON, WI. 53562 • (608) 821-8370 • FAX (608) 827-1080

Plan Commission usually meets the 2<sup>nd</sup> and 4<sup>th</sup> Tuesdays of each month at 7 p.m. in the Council Chambers of Middleton City Hall. The following **must be submitted THREE weeks** prior to any Plan Commission meeting for staff review and agenda placement. Failure to submit a complete package may result in the return of all items, a resubmittal fee, and a delay of your project.

1. Plan Commission Application & Checklist (this packet).
2. Required (nonrefundable) fee(s) **and deposit (see chart below)**.
3. One (1) copy (8-1/2"x11" for CSM, 11"x17" for plat) and an electronic version emailed to Diane at [dattoe@cityofmiddleton.us](mailto:dattoe@cityofmiddleton.us).

**Project Address/Name:** \_\_\_\_\_

Applicant:		
Address:		
Phone:	Fax:	Email:

Owner:		
Address:		
Phone:	Fax:	Email:

**Project Description:** \_\_\_\_\_

**Owner/Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Note:**
- City ordinances are on the City website at <http://www.ci.middleton.wi.us/ordinances/ordinances.htm>
  - Applicants must check with the Building Inspection Dept. to determine if any permits are required.

Fees (check what applies):	
Certified Survey Map	\$200 + \$25/lot
Concept Review	\$50
Conditional Use Permit	\$300
Design Review	\$200
Design Review Revisions	\$50
Final Plat	\$400 + \$50/lot
GIS (cost to update City records)	See below**
Preliminary Plat	\$400 + \$50/acre
Rezoning	\$400-\$2,000***
Sign Design Review	\$50
Sign Variance	\$200
SIP/SIP Modification*	\$50-\$400
<small>* Specific Implementation Plan in Planned Development District  ** Land Divisions: <b>Plat</b> = \$500 + \$30/ lot; <b>CSM</b> = \$200 + \$30/lot;  <b>Public Improvements</b> = \$0.75 x total pipe length (total footage of all public pipes + private storm water pipes) – see attached calculation sheet  *** Fee based on cost of project. <b>For Rezoning:</b> single lot or project = \$400, larger projects and PDD rezoning requests = \$1,000 for projects up to 50 acres, and \$2,000 for projects over 50 acres. <b>For SIP Modifications:</b> projects under \$10,000 = \$50, between \$10,000 and \$50,000 = \$200, and over \$50,000 = \$400.</small>	

Deposit
An Escrow Deposit of \$5,000 is required per Ord. 10.128(2) to cover project review costs by outside consultants when necessary. See attached excerpt from City Ordinances.
Waiver authorized: £ _____ date _____
<b>TRAFFIC IMPACT ANALYSIS Required Yes £ No £</b>

# CITY OF MIDDLETON ESCROW DEPOSIT & GIS FEE

Section 10.128(2) **Escrow Deposits** of the City of Middleton Code of Ordinances is hereby created to read as follows:

(a) In addition to the fees specified in sub (1), applicants for all **Rezoning, Conditional Use Permits, Design Review and Specific Implementation Plan Modifications** shall be responsible to pay the actual cost of review of the application charged to the City by other agencies, or by outside consultants hired by the City, including but not limited to, Federal, State or County Departments and Madison Metropolitan Sewerage District, Attorneys, Engineers or Planners. Upon application, the applicant **shall deposit \$5,000** to be held in escrow upon which the City shall draw to pay for said costs as they are incurred during the course of reviewing the application. Itemized statements reflecting the amounts drawn from the deposit shall be sent to the applicant each month. In the event that the escrow deposit has been drawn down to twenty-five percent (25%) of the required amount, the applicant shall replenish the escrow deposit to its original amount. If any funds remain in the escrow deposit following final determination of the application, such remaining funds shall be returned to the applicant within sixty (60) days of the determination together with an accounting of the deposits and draws on the escrow.

(b) Applicants may obtain a pre-application waiver of the required escrow deposit from the City Administrator if in the City Administrator's sole discretion he/she determines that no consultant review will be required. Said waiver shall not preclude the City Administrator from employing an outside consultant, charging the costs of any consultant review to the applicant or requiring an escrow deposit at any time after application.

Similar language pertaining to **Land Divisions** appears in Section 19.04(7)(c)1.

**THIS DEPOSIT WILL BE DUE ONE WEEK PRIOR TO THE PLAN COMMISSION MEETING WHERE THIS ITEM WILL BE DISCUSSED, UNLESS THE DEPOSIT HAS BEEN WAIVED BY THE CITY ADMINISTRATOR OR HIS DESIGNEE. IF A WAIVER IS GRANTED, THE APPLICANT WILL BE NOTIFIED BEFORE THE SUBMITTAL DEADLINE. FAILURE TO PAY THIS DEPOSIT MAY RESULT IN THE RETURN OF ALL ITEMS, A RESUBMITTAL FEE, AND A DELAY OF YOUR PROJECT.**

---

## Fee Schedule under Section 3.12 relating to Fees for Updating of Geographical Information System (GIS) Records

Procedure for Dividing Land 19.04(7)(b)	Fees to defray administrative expenses - GIS and records update, Plats	\$500 + \$30/lot
Procedure for Dividing Land 19.04(7)(b)	Fees to defray administrative expenses - GIS and records update, CSM	\$200 + \$30/lot
Procedure for Dividing Land 19.04(7)(b)	Fees to defray administrative expenses - GIS and records update, Public Improvements	\$0.75 x total pipe length (i.e., total footage of all public pipes + private storm water conveyances)

# CITY OF MIDDLETON CERTIFIED SURVEY MAP /PLAT CHECKLIST

Project Name:	Submitted By:
Project Address:	Date Submitted:

**Note:** Include on the plan sheets each applicable item listed below with all formal plan submittals. This list is not intended to show all applicable requirements. All spaces should be checked, or marked "N/A" if the item does not apply. Ten (10) copies of the CSM/Plat must be submitted with this checklist as a single package no later than 4:30 pm, Tuesday, three weeks prior to presentation at Plan Commission.

- 1. Include Environmental Assessment Checklist.
- 2. **Park Improvement Fee**, if applicable: (2018 rates) \$\_\_\_\_\_
  - 1 bedroom unit or less multi-family - \$746
  - All other dwelling types - \$1,244**Park Dedication Fee**, if applicable: (2018 rates) \$\_\_\_\_\_
  - 1 bedroom unit or less - \$1,741
  - All other dwelling types - \$2,901
- 3. Show Wisconsin County Coordinate System NAD 83(1991), for a minimum of two section corner or quarter corner monuments.
- 4. Show perimeter bearings such that the traverse of the perimeter proceeds in a clockwise direction.
- 5. Include the phrase: "Dedicated to the Public as Right-of-Way" for all new street dedications.
- 6. Provide a right angle jog (as opposed to a taper) in new right-of-way dedications at any locations where right-of-way width changes.
- 7. Provide new right-of-way dedications to result in standard even whole number increments: 60', 66', 70', 80', 90', etc.
- 8. Label any new easements as to their specific use.
- 9. Show setback dimensions from property lines to any existing improvements on parcels.

Responsible party shall return to the City a recorded copy of the CSM/Plat within 30 days of recording.

<b>Staff Contacts</b>		
<b>Eileen M. Kelley, AICP</b>	<b>Mark Opitz</b>	<b>Abby Attoun-Tucker, AICP</b>
Planning Director/ Zoning Administrator	Assistant Planning Director/ Zoning Administrator	Director of Community Development
(608) 821-8377	(608) 821-8394	(608) 821-8343
Email: ekelley@cityofmiddleton.us	Email: mopitz@cityofmiddleton.us	Email: aattoun@cityofmiddleton.us
Fax: (608) 827-1080	Fax: (608) 827-1080	Fax: (608) 827-1080
<b>Marilyn Mosigin: Office Manager, Public Works Department</b> Phone: (608) 821-8370 / Fax: (608) 827-1080 Email: <a href="mailto:mmosigin@cityofmiddleton.us">mmosigin@cityofmiddleton.us</a>		

# CSM / PLAT TRACKING FORM

Description: \_\_\_\_\_

**Note:** Applicants for a CSM or Plat that requires Plan Commission approval must obtain the following staff approvals prior to signing of the document.

First Draft (Received ___/___/___)			
Reviewer	Approved (Y/N)	Date	Comments
Eileen/Mark			
Tom			
Gary			
Dave			
Curt Sauser			

Second Draft (Received ___/___/___)			
Reviewer	Approved (Y/N)	Date	Comments
Eileen/Mark			
Tom			
Gary			

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan Commission File Number: