



Development Permit Application

Applicant / Agent / Contact

Name _____
 Company _____
 Address _____
 City, State, Zip _____
 Phone _____
 E-Mail _____
 Website _____
 Project Name or New Company Name _____

Representing _____

Economic Development Information (optional):

Would you be interested in a workplace visit with the Mayor?

Yes No

Why did you choose New Berlin over other cities? _____

Property Information

Property Address _____
 Business Name _____
 Tax Key Number(s) _____
 Current Zoning _____
 Property Owner _____
 Property Owner's Address _____

Existing Use of Property _____

Lot Size _____

Structure Size _____ Addition _____

For Multi-Tenant Buildings, Space Occupied _____

Brief Description of Proposal _____

Application Type (Timeframe) ¹	Fees	Required Plans & Information ²
<input type="checkbox"/> Use Approval (Min. 45 days)	<input type="checkbox"/> Residential Zoning - \$100 /unit <input type="checkbox"/> Commercial, Office or Institutional Zoning - \$300 + \$15 /1000 sq.ft. <input type="checkbox"/> Industrial Zoning - \$500 + \$25 /1000 sq.ft. + Developer's Deposit	<input type="checkbox"/> Plan of Operation – 7 copies <input type="checkbox"/> Site Plan – 7 copies <input type="checkbox"/> Architectural Plans – 7 copies <input type="checkbox"/> Storm Water Plan – 7 copies <input type="checkbox"/> Utility Plan – 7 copies <input type="checkbox"/> Landscaping Plan – 7 copies <input type="checkbox"/> Photometric Plan – 7 copies
<input type="checkbox"/> Sewer & Water Service Area Amendments (Min. 105 days)	\$500 + Developer's Deposit	<input type="checkbox"/> Letter or report describing the request – 7 copies <input type="checkbox"/> Concept Site Plan ³ – 7 copies <input type="checkbox"/> Concept Utility Plan ³ – 7 copies
<input type="checkbox"/> Conditional Use (Min. 75 days)	\$600 +\$15 /1000 sq.ft. + Developer's Deposit	<input type="checkbox"/> Plan of Operation – 7 copies <input type="checkbox"/> Site Plan – 7 copies <input type="checkbox"/> Architectural Plans – 7 copies <input type="checkbox"/> Storm Water Plan – 7 copies <input type="checkbox"/> Utility Plan – 7 copies <input type="checkbox"/> Landscaping Plan – 7 copies <input type="checkbox"/> Photometric Plan – 7 copies
<input type="checkbox"/> Conditional Use - New Mobile Service Support Tower / Class I Collocation (Max. 90 days)	\$600 + Developer's Deposit	<input type="checkbox"/> Plan of Operation – 7 copies <input type="checkbox"/> Site Plan – 7 copies <input type="checkbox"/> Architectural Plans – 7 copies <input type="checkbox"/> Storm Water Plan – 7 copies <input type="checkbox"/> Utility Plan – 7 copies <input type="checkbox"/> Landscaping Plan – 7 copies <input type="checkbox"/> Photometric Plan – 7 copies
<input type="checkbox"/> Comprehensive Plan Amendment	\$125 + Developer's Deposit	<input type="checkbox"/> Letter or report describing the amendment – 7 copies <input type="checkbox"/> Concept Site Plan ³ – 7 copies <input type="checkbox"/> Concept Architectural Plans ³ – 7 copies <input type="checkbox"/> Concept Utility Plan ³ – 7 copies

Application Type (Timeframe)*	Fees	Required Plans & Information¹
<input type="checkbox"/> Rezoning (Min. 105 days) Existing Zoning: _____ Proposed Zoning: _____	\$600 + Developer's Deposit	<input type="checkbox"/> Letter or report describing the rezoning – 7 copies <input type="checkbox"/> Legal description & map showing areas to be rezoned – 7 copies <input type="checkbox"/> Concept Site Plan ³ – 7 copies <input type="checkbox"/> Concept Architectural Plans ³ – 7 copies
<input type="checkbox"/> Rezoning – PUD (Min. 105 days) Proposed Zoning: _____	<input type="checkbox"/> Residential \$1000 + \$10 /acre + \$15 /unit <input type="checkbox"/> Industrial/Commercial \$1500 + \$10 /acre + \$25 /1000 sq.ft. + Developer's Deposit	<input type="checkbox"/> Letter or report describing the rezoning – 7 copies <input type="checkbox"/> Draft PUD Document – 1 copy <input type="checkbox"/> Legal description & map showing areas to be rezoned – 7 copies <input type="checkbox"/> Concept Site Plan ³ – 7 copies <input type="checkbox"/> Concept Architectural Plans ³ – 7 copies
<input type="checkbox"/> Concept Review (Min. 45 days)	½ of Permit Fee - \$200 Minimum + Developer's Deposit	<input type="checkbox"/> Plan of Operation – 7 copies <input type="checkbox"/> Concept Site Plan ³ – 7 copies <input type="checkbox"/> Concept Architectural Plans ³ – 7 copies <input type="checkbox"/> Concept Storm Water Plan ³ – 7 copies <input type="checkbox"/> Concept Utility Plan ³ – 7 copies <input type="checkbox"/> Concept Landscaping Plan ³ – 7 copies <input type="checkbox"/> Concept Photometric Plan ³ – 7 copies

Fees:	
Base fee from above	\$ _____
Per Sq.ft. fee from above (if applicable)	\$ _____
Per Acre fee from above (if applicable)	\$ _____
Per Unit fee from above (if applicable)	\$ _____
Filling Fee	\$ <u>50.00</u>
Total	\$ _____

¹ Only if all required materials are submitted and satisfactory.
² Other plans and information may be required by staff upon further review of the project. **Electronic files of entire submittal required.** Failure to submit all required plans will result in rejection of the application.
³ Concept plans should provide enough information for the Plan Commissioners and Public to understand the project.

DEVELOPER'S DEPOSIT IS ALSO REQUIRED FOR ALL APPLICATIONS
(FORM: <http://www.newberlin.org/DocumentCenter/Home/View/245>)

No refunds for denied applications

By the execution of this application, applicant hereby authorizes the City of New Berlin or its agents to enter upon the property during the hours of 7:00 A.M. to 7:00 P.M. daily for the purpose of inspection. Applicant grants this authorization to enter to the City of New Berlin or its agents even if applicant has posted this land against trespassing pursuant to Section 943.13 Wis. Stats.

Signature _____ Date: _____
Only the property owner or property manager may sign, or letter/email of authorization required. The final responsible party is the property owner.

Please do not write below this line

Accepted by: _____ Date: _____
 Plan Commission Date: _____
 Total Fee: _____
 File Number: _____

**Make Checks Payable To:
 CITY OF NEW BERLIN**