

Town of Eldorado – Fond du Lac County, Wisconsin
APPLICATION for CONCEPT PLAN /
PRELIMINARY CERTIFIED SURVEY MAP (CSM)
No Fee

*See **Process Instructions** available at www.townofeldorado.com. The Plan Commission meets the second Tuesday of each month, pending agenda items. Eight (8) paper copies of the complete application packet must be received by the Town Clerk at least ten (10) days prior to the Plan Commission meeting to be added to the agenda. The application must be signed by the property owner, personal representative, registered agent or trustee, as applicable. **Town Clerk phone: (920) 872-0800 / email: clerk.eldorado@gmail.com***

Property Owner on Record: _____

If Property is owned by a Business or Trust, Name of Registered Agent or Trustee:

Property Owner Contact Information: Name(s): _____

Mailing Address: _____

Phone / Email: _____

Surveyor / Engineer Name: _____

Surveyor / Engineer Phone / Email: _____

Address of Property Proposed for MLD: _____

Tax Parcel # T07-16-16-_____ Acreage of Parent Parcel: _____
(##--##-####-##)

Current Zoning of Parent Parcel (check one):

- | | |
|--|---|
| <input type="checkbox"/> A-1 – Exclusive Ag District | <input type="checkbox"/> R – Residential District |
| <input type="checkbox"/> A-2 – General Ag District | <input type="checkbox"/> I – Industrial District |
| <input type="checkbox"/> RD – Rural District | <input type="checkbox"/> C – Commercial District |
| <input type="checkbox"/> TRD – Transitional Residential District | |

Current Land Use: _____

Base Farm Tract (BFT) Acres (if applicable): _____ Acreage of Proposed Parcel(s): _____
BFT acres as shown on Zoning Ordinance Map Certified by DATCP 11/20/2013



FOR OFFICE USE ONLY

Tracking # CP- _____ - _____ - _____ - _____
(Date Complete Application Received) (YYYY-MM-DD-Property Owner Name)

RECEIVED BY: _____

Proposed Zoning of Proposed Parcel: (check one):

- | | |
|--|---|
| <input type="checkbox"/> A-1 – Exclusive Ag District | <input type="checkbox"/> R – Residential District |
| <input type="checkbox"/> A-2 – General Ag District | <input type="checkbox"/> I – Industrial District |
| <input type="checkbox"/> RD – Rural District | <input type="checkbox"/> C – Commercial District |
| <input type="checkbox"/> TRD – Transitional Residential District | |

Reason for Land Division: _____

Any other plans for the property: _____

Has a percolation (perc) test been completed for this parcel? (circle one) Yes No

If yes, for what type of system? _____

Please submit a copy of the perc test results with this application.

Additional Comments: _____

Prior Concept Plan Submittal Date(s): _____

Prior Concept Plan Meeting with Plan Commission Date(s): _____

The concept map (e.g., sketch, aerial photo, etc.) must include all of the following:

- | | |
|--|--|
| ✓ Date of map with north arrow | ✓ Uses of lands immediately adjacent to parcel on all sides |
| ✓ Existing and proposed structures | ✓ Locations of known easements/restrictions |
| ✓ Existing and proposed potable/high cap well(s) | ✓ Additional information as required by Plan Commission, Town Board, County or State |
| ✓ Setbacks for all structures (distances to property lines) | ✓ Names of landowners within 500 feet of property (submitted separately) |
| ✓ Water courses, drainage ditches, navigable waters | |
| ✓ Location of access to public roads | |
| ✓ Location of existing roads, highways, trails, driveways and distances to nearest adjoining roads | |

Property Owner Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____