



Preliminary Plat Application

Community Development Department
9915 39th Avenue
Pleasant Prairie, WI 53158
Phone: 262.925.6717
Email: communitydevelopment@pleasantprairiewi.gov

GENERAL INFORMATION

Development Name		<input type="checkbox"/>	Subdivision Plat
Property Location/Address	Abutting roadway	<input type="checkbox"/>	Condominium Plat
Tax Parcel Number(s)		Proposed Start Date	
# of Lots	# of Outlots	# of Phases	
Current Zoning District(s)		Proposed Zoning District(s)	

SITE INFORMATION

sq. ft.	Gross site area (acres)	
Gross site area		
Right-of-way to be dedicated	sq. ft.	
Wetland area to remain		Wetland area to be filled
Floodplain area to remain		Floodplain area to be filled
Other environmental areas to remain		Other environmental areas to be filled
Net residential area (gross area minus right-of-way, wetland, floodplain and other environmental areas to remain)		

MINIMUM SUBMITTAL REQUIREMENTS (provide 3 full size plan sets and a pdf of all documents)

<input type="checkbox"/>	Preliminary Plat	<input type="checkbox"/>	Declarations, Restrictive Covenants, Conditions and Easements
<input type="checkbox"/>	Preliminary Engineering Plans, Profiles & Specifications	<input type="checkbox"/>	Articles of Incorporation for the Neighborhood Association
<input type="checkbox"/>	Landscape Plans	<input type="checkbox"/>	We Energies Application for Gas and Electric Distribution Plans
<input type="checkbox"/>	Color renderings of the project, including site amenities	<input type="checkbox"/>	Any other information as specified by the Village
<input type="checkbox"/>	12 Additional full-size plats shall be submitted for Village to transmit to reviewing and objecting agencies. Applicant is responsible for sending the Preliminary Plat and required application and review fee to the State.		

REQUIRED SIGNATURES

I hereby certify that all the above statements and attachments submitted herewith are true and correct to the best of my knowledge.

PROPERTY OWNER	APPLICANT
Print Owners Name	Company Name
Print Name of Signatory	Print Name of Signatory
Signature	Signature
Mailing Address	Mailing Address
City/State/ZIP	City/State/ZIP
Phone	Phone
Email	Email
Date	Date