

**Town of Watertown
Application for Plan Commission Review**

Applicant Name: _____

Address: _____

Phone number: _____ FAX/Cell Phone: _____

Request for review of:

_____ Conditional Use _____ Subdivision Review

_____ Land Division/CSM _____ Rezoning

Other _____

Property location of request/Address: _____

Parcel number: _____

Legal description: _____

If applicant is not current owner of parcel – name of parcel owner:

Reason for request:

Applicant signature: _____

Date to have paperwork and fee's to Plan Commission Recorder _____

Date received Application: _____ Amount paid: _____

Plan Commission **(6:00pm.)**-Town Board **(7:00pm.)** review date: _____

Plan Commission Decision: _____ recommended _____ not recommended

Town Board Decision: _____ approved _____ denied

***NOTE FEE SCHEDULE ON BACK OF APPLICATION
(Fees must be paid at the time of application)***