

**TOWN OF LODI
GENERAL APPLICATION**

Rezoning, Variance, Certified Survey, Conditional Use, Site Plan Review

Applications will not be placed on an agenda until at least 20 days after receipt of all required forms, fees and documents

The applicant hereby authorizes access to the property described herein, by authorized representatives of the Lodi Town Board and the Lodi Plan Commission, for the purpose of gathering or verifying information relating to the application, and for verifying compliance with any approval or permit that may be granted.

Signature: _____ Date: _____

Please Print Below

Owner: _____

I am applying for review & recommendations

from the Town of Lodi for the following:

Mailing Address: _____

Rezoning: _____ **Fee: \$300.00**

City, State, Zip: _____

Variance: _____ **Fee: \$300.00**

Address of affected property: _____

Certified Survey: _____ **Fee: \$300.00***

**plus \$2.00 for each lot or authorized dwelling*

Plat: _____ **Fee: \$350.00**

Phone: _____ Cell: _____

Conditional Use: _____ **Fee: \$300.00**

Email: _____

Site Plan Review: _____ **Fee: \$200.00**

Town of: _____

Parcel #: 11022- _____ Lot #: _____ Block #: _____

Acres: _____ Section: ____ Town: 10N Range: 8E Subdivison (if applicable): _____

See attached notice on page 2 of 2

NOTICE PER TOWN OF LODI CODE OF ORDINANCES

Costs of Application Review

All reasonable costs incurred by the Town or its Agents in the course of reviewing any application shall be borne by the Applicant. This includes the original application fee, and may include any actual costs incurred by the Town it deems necessary for engineer, building inspector, legal, administrative or fiscal work relating to that application.

The Applicant shall pay the Town all fees required and at the times specified (within 15 days of each billing by the Town Clerk-Treasurer, unless otherwise indicated). In the event fees are not timely paid, the Town shall not be required to take any action with respect to the application. Non-payment of fees shall be deemed sufficient cause for rejection of the application.

For office use only:

Date application received: _____ Received by: _____

Fee Paid: _____ Check #: _____ or Cash: _____ Receipt #: _____