## WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE PLANNING AND ZONING DIVISION

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Phone: (262) 548-7790 Fax: (262) 896-8071 Email pod@waukeshacounty.gov

Website www.waukeshacounty.gov/planningandzoning

DATE OF SUBMITTAL

## **DEVELOPMENT REVIEW TEAM SUBMITTAL FORM**

An electronic copy of the must be submitted to pod shall also be submitted, if a DRT meeting has been so	map, plat s <u>@waukesha</u> available. N	survey or site pacounty.gov at OTE: No char	lan, drawn to s the time of the nges to the req	cale, depicting the pro meeting request. Soil uest may be made one	posal tests
Request By (name/compan	ıy):				
Email(s):					
Daytime Phone No(s).:					
Mailing Address:					
Please Check:Deve	loper	_Surveyor	Engineer	Property Owner	Other
Property Owner:					
Mailing Address:					
Daytime Phone No:					
Property Owner Email:					
By signing this form, the owner Use to inspect the site as nece trespassing pursuant to Wis. Sta	ssary and rel				
Signature of Owner/Agent	:		D	ate:	
**************************************	******	******	*******	**********	*****
Meeting Date	Time	Location			
DRT Concept File No		Section	Municipal	lity	
Tax Key No(s).					
D					

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