



W2004 County Road S - PO Box 1007 - Freedom, WI 54131  
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**Concept Plan Application  
(Submit 15 copies of Drawings)**

**Property Owner(s):** \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Applicant (if other than Owner):** \_\_\_\_\_

Check: Architect \_\_\_ Engineer \_\_\_ Surveyor \_\_\_ Attorney \_\_\_ Agent \_\_\_

Address/City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*I/we certify the attached drawings are to the best of my/our knowledge complete and drawn in accordance with all codes.*

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Concept Plan Specifics:**

Type: CSM \_\_\_ Commercial \_\_\_ Industrial \_\_\_ Residential \_\_\_ Other \_\_\_

Total Acreage: \_\_\_\_\_ Tax Key No.(s): \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Describe the reason for the Concept Plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Town Use Only**

Fee: \_\_\_\_\_ Acct No: \_\_\_\_\_ Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

Date Rec'vd Complete: \_\_\_\_\_ By: \_\_\_\_\_ Applic. No.: \_\_\_\_\_

Review by Plan Commission: \_\_\_\_\_

Comments: \_\_\_\_\_

Review by Town Board: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_