

**TOWN OF DARIEN
WALWORTH COUNTY
STATE OF WISCONSIN**

**COST RECOVERY CERTIFICATE AND AGREEMENT PURSUANT TO SECTION 23.01
OF THE GENERAL ORDINANCES OF THE TOWN OF DARIEN**

The undersigned Applicant hereby acknowledges and agrees to be bound to Section 23 of the Town of Darien General Ordinances, providing for Town recovery of all costs and disbursements incurred in the process of considering requests by an Applicant related to property located within the Town of Darien. The Applicant further agrees, in consideration of the Town's incurring costs and hiring of professionals to assist it in the process of reviewing the Applicant's request, to reimburse the Town of all cost recoverable pursuant to the terms of the above numbered ordinance within the time period set forth in the ordinances.

Dated this _____ Day of _____, 20.

Original: Town Records
Copy: Applicant
Copy Town: Attorney

Reason for Cost Recovery

_____ Conditional Use
_____ Rezone
_____ Preliminary/Final Plat

_____ Permits

APPLICANT

Print Name: _____

Send Bill To: _____

OWNER OF PROPERTY

Project Location: _____

Signature

Print Name

Note to Applicant: The Town and other Town professionals and Town staff, if requested by the Town to review your request, will bill for their time at an hourly rate which is adjusted from time to time by the agreement with the Town. Please inquire as to the current hourly rate you can expect for this work. In addition to these rates, you will be asked to reimburse the Town for those additional costs set forth in Section 23 of the Ordinances.