



City of Fort Atkinson
City Manager's Office
101 N. Main Street
Fort Atkinson, WI 53538

CITY OF FORT ATKINSON
COST RECOVERY AGREEMENT

The City of Fort Atkinson may retain the services of **professional consultants** (including planners, engineers, architects, attorneys, environmental specialists, recreation specialists, and/or other experts) to assist in the City's review of a development proposal that may be scheduled for review and action by the Plan Commission and/or City Council. The submittal of a development proposal or land use application by an Applicant shall be construed as an **agreement to pay for such professional services** applicable to the proposal or application. The City may apply reasonable charges for these services to the Applicant through invoices. The City may delay acceptance of the proposal or application as complete, or may delay final approval of the proposal, until the Applicant pays such fees. In the event invoices become delinquent, finance charges will accrue at 1% per month, 30 days after the due date. Review fees invoiced to the Applicant, which are not paid in a timely manner, may be assigned by the City as a special assessment to the subject property. The Applicant hereby waives any notice and hearing requirements provided in Wis. Stats. § 66.0701 or any additions or amendments to this section. The City will provide notice to the applicant of the need to hire a professional consultant.

The Applicant is required to provide the City with an executed copy of this Cost Recovery Agreement as part of the land use application process. Applications not considered complete and will not be considered by the Plan Commission without this executed Agreement

Applicant Name: Jason Schultz

Project Name: Highland Haven

Project Address: N1807 S Main St. & the Parcel (no address) to the immediate north

Parcel Number: 016-0514-0941-030
016-0514-0941-029

Dated this 5th day of February, 2024.

Agreement signed and entered into by:

The City of Fort Atkinson

City Manager

Property Owner Information:

Applicant Information (if different):

Owner Name: Jason Schultz

Applicant Name: _____

Owner Signature: 

Applicant Signature: _____

Address: 718 Walton St, Fort Atkinson, WI 53538

Address: _____

Phone Number: 608-295-6891

Phone Number: _____

Email Address: jason@jwschultz.net

Email Address: _____