

VILLAGE/TOWN OF BLOOMFIELD

VILLAGE: PO BOX 609 – TOWN: PO BOX 704, PELL LAKE, WI 53157
Planning and Zoning Office (262) 279-6039 Ext. 3 • Fax (262) 279-0196

COST RECOVERY AGREEMENT

_____ Town _____ Village

Owner/Agent Name: _____

Owner/Agent Address: _____

I/We, the undersigned, do hereby understand and agree that as an applicant or petitioner of the Village/Town of Bloomfield, I/We will be responsible for all normal fees payable by an applicant or petitioner (e.g. application fees, engineer fees, attorney fees, etc.). I/We further understand and agree to be responsible for any additional or consequential costs to the municipality as a result of my/our application or petition (i.e. engineering, legal, or other professional services). All fees and costs shall be paid within thirty (30) days of invoice and must be paid prior to the issuance of any permit or license. If payment is not made, said fees and costs may be assessed against the real property as a special charge.

I/We understand that the Village/Town of Bloomfield by and through their agents, representatives (elected or appointed), employees, successors or assignees make no representations of their findings. I/We forever hold them harmless of all liability whether founded in tort or contract and as such agree to indemnify them from all claims arising out of these transactions.

(Owner's Name-Printed)

(Applicant/Agent Name-Printed)

(Owner's Signature)

(Applicant/Agent Signature)

(Date)

(Date)