

Date Filed _____
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TOWN OF PLOVER
CERTIFIED SURVEY MAP
APPROVAL APPLICATION

One copy of the proposed Certified Survey Map (CSM) needs to be submitted along with payment, as specified below, needs to be received 1 week prior to Planning Commission review.

Certified Survey Map Review Fee: \$100.00 **Town of Plover CSM# _____**

SURVEYOR: _____ PHONE NO: (____) _____

MAILING ADDRESS: _____

PROPERTY OWNER: _____ PHONE NO: (____) _____

MAILING ADDRESS: _____

CSM APPLICANT NAME: _____ PHONE NO: (____) _____

MAILING ADDRESS: _____

TAX PARCEL NO: _____ SUBDIVISION: _____

TAX PARCEL IDENTIFICATION NUMBER (PIN): _____

PARCEL SITE ADDRESS: _____

DESCRIBE WHAT IS BEING DONE (Ex: splitting lot, combining lots, etc.): _____

Certified survey map review checklist.

The following certified survey map review checklist shall be utilized by the Plan Commission and Town Board in determining whether or not approval should be given to the proposed certified survey map:

- Location of all watercourses, drainageways and surface drainage patterns should be shown.
- All easements of record should be shown.
- Where applicable, the regional floodplain boundary and the vertical contour line, which is two feet above the regional flood elevation, should be shown.
- Wetland boundaries from the department of natural resources wetland inventory maps should be shown.

- All other applicable survey standards shall be maintained by the surveyor.
- Where the certified survey map requires dedication for a public road, the subdivider shall follow the intent of the subdivision roadway and drainage inspection report.
- All public road dedications shall be a minimum 66 feet (four rods) wide.
- Each lot must have access to a public street.
- Location of existing buildings, wells and septic tanks should be shown.
- Lots must comply with minimum frontage and area for their zoning classification.

PLEASE NOTE WHY ANY OF THE ABOVE ARE NOT CHECKED AND ENCLOSED AT TIME OF SUBMITTAL:

APPLICANT'S SIGNATURE: _____ DATE SIGNED: _____

APPLICANT'S NAME (PLEASE PRINT) _____ E-MAIL ADDRESS: _____

Recommendation of the Town Plan Commission: _____

NOTE: This is only a recommendation. It requires action by the Town Board to become effective.

Forwarded to the Town Board

Date: _____

CSM: (Adopted / Denied)

Dale Seymour, Town Chairman