

**CERTIFIED SURVEY MAP APPLICATION
TOWN OF GREENVILLE**

PROPERTY OWNER(S) _____

ADDRESS _____

PHONE # _____ FAX# _____

REASON FOR PARCEL SPLIT _____

HAS PRE-APPLICATION CONSULTATION BEEN COMPLETED? _____

THE FOLLOWING MATERIALS MUST BE SUBMITTED WITH THE CERTIFIED SURVEY MAP. THE APPLICATION IS NOT CONSIDERED COMPLETE AND READY FOR REVIEW UNTIL ALL MATERIALS ARE SUBMITTED AND DEEMED SATISFACTORY BY THE TOWN:

- _____ OFFICIAL LETTER OF APPLICATION – 13 8 1/2 X 14 COPIES OF THE PROPOSED CERTIFIED SURVEY MAP
- _____ NATURAL RESOURCE SITE PLAN INVENTORY ANALYSIS
- _____ PRELIMINARY LAYOUT OF PUBLIC IMPROVEMENTS (If Applicable)
- _____ SOIL TESTING RESULTS
- _____ ZONING CHANGES REQUIRED
- _____ STORMWATER RUNOFF AND EROSION CONTROL PLANS
- _____ DEVELOPMENT PLAN ASSESSMENT CHECK LIST
- _____ APPLICATION FEE - \$300
- _____ PRELIMINARY STREET PLANS AND PROFILES (If Applicable)

NO ESCROW FEES WILL BE CHARGED, BUT THE LAND DIVIDER WILL BE RESPONSIBLE FOR ANY ADDITIONAL LEGAL OR ADMINISTRATIVE COSTS INCURRED BY THE TOWN.

THE CSM SHALL SHOW THE FOLLOWING INFORMATION CORRECTLY ON ITS FACE:

- _____ ALL EXISTING BUILDING, WATERCOURSES, DRAINAGE DITCHES AND OTHER FEATURES PERTINENT TO PROPER DIVISION.
- _____ SETBACKS OR BUILDING LINES REQUIRED BY THE TOWN BOARD.
- _____ ALL LANDS RESERVED FOR FUTURE ACQUISITION.
- _____ DATE OF MAP
- _____ GRAPHIC SCALE
- _____ NAME, ADDRESS AND PHONE NUMBER OF THE OWNER
- _____ EXISTING ZONING ON AND ADJACENT TO THE PROPOSED LAND DIVISION.
- _____ SQUARE FOOTAGE FOR EACH LOT OR PARCEL
- _____ ANY AND ALL EASEMENTS, INCLUDING TYPES AND WIDTHS.

THE SURVEYOR SHALL CERTIFY ON THE FACE OF THE MAP, FULL COMPLIANCE WITH ALL OF THE PROVISIONS OF THIS ORDINANCE. THE TOWN BOARD, AFTER A RECOMMENDATION BY THE REVIEWING AGENCIES, SHALL CERTIFY ITS APPROVAL ON THE FACE OF THE MAP.

DEDICATION OF STREETS AND OTHER PUBLIC AREAS SHALL REQUIRE, IN ADDITION, THE OWNER'S CERTIFICATE AND THE MORTGAGEES' CERTIFICATE IN SUBSTANTIALLY THE SAME FORM AS REQUIRED BY WI STATS. SECTION 236.21 (2) (A).

THE SUBDIVIDER SHALL RECORD THE MAP WITH THE OUTAGAMIE COUNTY REGISTER OF DEEDS WITHIN THIRTY DAYS OF ITS APPROVAL BY THE TOWN BOARD AND ANY OTHER APPROVING AGENCIES AND RETURN A FINAL RECORDED COPY TO THE TOWN. FAILURE TO DO SO SHALL NECESSITATE A NEW REVIEW AND RE-APPROVAL OF THE MAP BY THE TOWN BOARD.

WE WILL CALL YOU WHEN WE HAVE APPROVED AND ARE READY TO SIGN THE ORIGINAL.

Office use only.

Date CSM submitted _____

Time CSM submitted _____

Person certifying date and time of submittal _____