



EXTRATERRITORIAL PLAT REVIEW APPLICATION

Applicant/Owner Information

Name _____
Address _____
Home Phone _____ Business Phone _____
Cell Phone _____

Consultant Information

Name of firm(s) _____
Address _____
Phone _____ Fax _____
E-mail _____

Type of Subdivision

Minor Land Division (CSM)

Creation of 2 but not more than 4 building sites
of which any is less than 35 acres in size

Condominium

A real estate development in which a condominium
form of ownership is utilized pursuant to Ch. 703 of
the Wisconsin statutes

Subdivision

The act of division creates 5 or more parcels of 1.5 acres or less
Or creating 5 or more parcels of 1.5 acres or less by successive
In 5 years or less.

Technical Information

General

Name of Proposed Project _____
Number of Proposed Lots _____

Streets

Are there any new street(s) proposed with the project? Yes No
Are there any Cul-De-Sac(s) proposed with the project? Yes No
If yes, what is the length of the Cul-De-Sac(s)? _____

Sanitary Sewer Service

Is the proposed project in the Sanitary Sewer Service Area? Yes No

Wellhead Protection

Is the proposed project in the Wellhead Protection Area? Yes No

Certification

I the undersigned swear the information provided is true and factual to the best of my ability.

Signature of person submitting the application _____

Date _____