**TOWN OF BURKE**

**APPLICATION FOR CERTIFIED SURVEY MAP**

**APPLICANT NAME:** ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS OR LOCATION OF SUBJECT PROPERTY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT ZONING OF PROPERTY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUESTED ZONING OF PROPERTY**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUMBER OF PARCELS CREATED:** ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION SUBMITTAL REQUIREMENTS:**

1. Certified Survey Map, signed by licensed surveyor, reflecting the proposed land division in accordance with Section 236.34 Wis. Stats., and meeting the requirements of the Town of Burke and Dane County Zoning.
2. Fee of $100
3. Escrow deposit of $100 for consultant review. If actual review fees are less, excess will be returned. If actual review fees exceed escrow amount, applicant will be billed for the excess and must be paid prior to the Town’s endorsement.

Mail or deliver the completed application form, CSM, and fee to the Town Hall. The CSM will be reviewed by the Plan Commission with a recommendation to the Town Board. A public hearing will be scheduled before the Town Board with consideration and Board action taken.

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Date Applicant signature

**For Office Use Only**

Date Received: \_\_\_\_\_\_\_\_\_\_ Fee Received: \_\_\_\_\_\_\_\_\_\_ Escrow Received: \_\_\_\_\_\_\_\_\_\_

Plan Commission meeting date: \_\_\_\_\_\_\_\_\_\_

Town Board Public Hearing:\_\_\_\_\_\_\_\_\_\_ Meeting date: \_\_\_\_\_\_\_\_\_

Town Action: \_\_\_\_\_\_\_\_\_\_