**TOWN OF BURKE**

**APPLICATION FOR LAND DIVISION**

**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:**

**Certified Survey Map** (CSM), 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. CSM Fee is $100 + escrow fee of $250.

**Preliminary Plat** reflecting the proposed land division in accordance with Section 236 Wis. Stats. and the Town Comprehensive Plan. Fee of $250 + escrow fee of $5,000.

**Comprehensive Plan Amendment** – Use separate application.

Escrow: If actual review fees and administrative 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/Plat, and fee/escrow to the Town Hall. The application will be reviewed by the Plan Commission with a recommendation to the Town Board. A public hearing will be scheduled before the Plan Commission and Town Board with consideration and Board action taken at a later time.

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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: \_\_\_\_\_\_\_\_\_\_