

**TOWN OF LA POINTE
CERTIFIED SURVY MAP APPLICATION**

RECEIVED _____

TAX PARCEL # 014- _____ - _____

ZONING DISTRICT: W-P W-1 R-1 R-2 R-3 S-1 S-2 C-1 L-Z
(circle all that apply)

LAND DESCRIPTION _____

PROPERTY OWNER(S):
MAILING ADDRESS:
DAYTIME PHONE:

TAX PARCEL # 014- _____ - _____

ZONING DISTRICT: W-P W-1 R-1 R-2 R-3 S-1 S-2 C-1 L-Z
(circle all that apply)

LAND DESCRIPTION _____

PROPERTY OWNER(S):
MAILING ADDRESS:
DAYTIME PHONE:


If more than two properties are involved, please attach additional ownership/contact information to this application. All property owners must sign and date this application. Application is to be completed in ink.


PLEASE DESCRIBE THE PURPOSE OF THIS CERTIFIED SURVEY MAP:

“I (we) declare that with this application (including ant accompanying schedule) has been examined by me (us) and to the best of my (our) knowledge and believe it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I 9we) am (are) providing that will be relied upon by the Town Plan Commission and/or Zoning Administrator. I (we) further accept all liability which may be a result of Town Plan Commission and/or Zoning Administrator relying on the information provided in this application. I (we) agree to comply with Technical Memorandum #3 Subdivision Regulations, Ashland County Subdivision Regulations and Chapter 236 of the Wisconsin State Statutes. I (we) agree to permit officials charged with administering the Zoning Ordinance or any other authorized person to have access to the above described properties at any reasonable time for inspection”

SIGNATURE OF OWNER(S): _____ DATE: _____

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 THE SUBDIVIDER SHALL FILE 20 COPIES OF THE CERTIFIED SURVAY MAP (CSM) WITH THIS APPLICATION AND FEES AT LEAST 15 DAYS PRIOR TO THE MEETING OF THE LA POINTE TOWN PLAN COMMISSION. BEFORE SUBMISSION OF THE CSM, THE SUBDIVIDER IS ENCOURAGED TO CONSULT WITH THE LA POINTE PLAN COMMISSION OR THE ZONING ADMINISTRATOR REGARDING GENERAL REQUIREMENTS AFFECTING THE PROPOSED DIVISION OF PROPERTY.

 THE SUBDIVIDER SHALL RECORD THE MAP WITH THE COUNTY REGISTER OF DEEDS WITHIN 30 DAYS OF ITS APPROVAL BY THE TOWN BOARD. THE SUBDIVIDER SHALL FILE 5 COPIES OF THE FINAL CERTIFIEDSURVEY MAP, RECORDED AT THE ASHLAND COUNTY REGISTER OF DEEDS OFFICE WITH THE TOWN OF LA POINTE ZONING ADMINISTRATOR.

OFFICE USE ONLY

FEE AMOUNT \$ _____ AMOUNT REC'D \$ _____ DATE ___/___/___ REC'D BY _____

TPC RECOMMENDATION MADE TO THE TOWN BOARD ON ___/___/___ TO APPROVE DENY

TOWN BOARD MOTION ON ___/___/___ TO APPROVE DENY

RECORDED AT THE ASHLAND COUNTY REGISTER OF DEEDS ON: ___/___/___ CSM # _____