

**TOWN OF LA POINTE
SUBDIVISION APPLICATION**

RECEIVED _____

TAX PARCEL ID # 014 - _____ - _____ ZONING DISTRICT: W-P W-1 W-2 R-1 R-2 R-3 S-1 S-2 C-1 LI-1 LI-2 G-1
(circle all that apply) P-R C-V T-P M-1

LAND DESCRIPTION _____

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

TAX PARCEL ID # 014 - _____ - _____ ZONING DISTRICT: W-P W-1 W-2 R-1 R-2 R-3 S-1 S-2 C-1 LI-1 LI-2
(circle all that apply) G-1 P-R C-V T-P M-1

LIST ALL RESTRICTIVE COVENANTS:

PLEASE DESCRIBE THE PURPOSE OF THIS SUBDIVISION MAP:

"I (we) declare that this application (including any accompanying schedule) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) 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 the Town of La Pointe Technical Memorandum #3 Subdivision Regulations, Ashland County subdivision regulations and Chapter 236 of the WI 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 premises at any reasonable time for the purpose of inspection."

SIGNATURE OF OWNER(S): _____ DATE: ____/____/____

SIGNATURE OF OWNER(S): _____ DATE: ____/____/____

☞ THE SUBDIVIDER SHALL FILE (20) COPIES OF THE CERTIFIED SUBDIVISION MAP WITH THIS APPLICATION AND FEES AT LEAST (15) DAYS PRIOR TO THE MEETING OF THE LAPOINTE TOWN PLAN COMMISSION. BEFORE SUBMISSION OF THE SUBDIVISION MAP, THE SUBDIVIDER IS ENCOURAGED TO CONSULT WITH THE LA POINTE PLAN COMMISSION OR ITS STAFF REGARDING GENERAL REQUIREMENTS AFFECTING THE PROPOSED DIVISION OF LAND.

☞ 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 FIVE (5) COPIES OF THE FINAL CERTIFIED SURVEY 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 TO TB MADE ON ____/____/____ TO APPROVE DENY

TB MOTION TO APPROVE DENY ON ____/____/____

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