

# 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)       Condominium   
Creation of 2 but not more than 4 building sites      A real estate development in which a condominium  
Of which any is less than 35 acres in size      from 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

## Fee

In order for this application to be processed an application fee of must accompany this application. See Section 14-1-90 Administrative and Other Fees.

## 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 \_\_\_\_\_