



TOWN OF LAWRENCE CSM REVIEW APPLICATION

GENERAL INFORMATION

Purpose:	A Certified Survey Map (CSM) is a legal recorded property description created in accordance with Wisconsin Statutes 236 and Brown County Ordinances Chapter 21. All CSMs must be created by a registered land surveyor. A CSM can divide property in 1-4 parcels. Five or more parcels require a subdivision plat.
Fee:	
Meeting Dates/Times:	\$150.00
Application/Information Submittal:	CSM Applications are first reviewed by the Planning and Zoning Board. A completed application along with appropriate fee must be submitted to the Town's Business Office. One (1) complete copy of the information being presented to the Board must be included with the application along with a .pdf copy via email. A representative is required to attend and present the information at the meeting.
Ordinance:	<u>Town of Lawrence Ordinance § 267-29</u>

READ ALL INSTRUCTIONS PROVIDED BEFORE COMPLETING. IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL PAGES.

SECTION 1: APPLICANT INFORMATION

Applicant Name:		
Mailing Address:		
City:	State:	ZIP Code:
Email:		
Phone Number:		

SECTION 2: LANDOWNER/DEVELOPER INFORMATION *(IF DIFFERENT FROM APPLICANT)*

Owner/Developer Name:		
Mailing Address:		Email:
City:	State:	ZIP Code:
Email:		
Phone number:		

SECTION 3: PROJECT OR SITE LOCATION

Project Address:	Parcel #(s):
Parcel Size:	
Current Zoning District:	Frontage:

Legal Description:



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SECTION 4: CSM INFORMATION

Present Use of Parcel:	
Proposed Use of Lots:	

Please submit 1 hard copy and 1 PDF copy of the CSM if the property is located within the Town.

SECTION 5: CERTIFICATION and PERMISSION

CERTIFICATION: I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this permit application. I certify that the information contained in this form and attachments is true and accurate. I certify that the project will be in compliance with all permit conditions. I understand that failure to comply with any or all of the provisions of the permit may result in permit revocation and a fine and or forfeiture under the provisions of applicable laws.

PERMISSION: I hereby give the Town permission to enter and inspect the property at reasonable times, to evaluate this notice and application, and to determine compliance with any resulting permit coverage.

Signature of Applicant:

Date:



FOR OFFICE USE ONLY APPLICATION/PAYMENT RECEIVED BY

Name: _____

Check # _____ Amount: \$ _____

Date: _____ Meeting Date: _____

Permit #:

Parcel #:

District: _____ Zoning: _____



2400 Shady Court * De Pere, WI 54115 * Phone: (920) 336-9131 * Fax: (920) 336-9193

CSM Application Flowchart

CSM APPLICATION TURNED INTO
STAFF AT TOWN HALL



STAFF REVIEW
REVIEW BY ZONING
ADMINISTRATOR



PLANNING AND ZONING MEETING
RECOMMENDS OR DOES NOT
RECOMMEND TO TOWN BOARD



FINAL REVIEW BY TOWN BOARD
WHICH MEETS THE 2ND AND 4TH
MONDAY OF EACH MONTH AT
6:30PM AT THE TOWN HALL.