



# **TOWN OF LAWRENCE CSM REVIEW APPLICATION**

## **GENERAL INFORMATION**

<b>Purpose:</b>	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.
<b>Fee:</b>	
<b>Meeting Dates/Times:</b>	\$150.00
<b>Application/Information Submittal:</b>	CSM Applications are first reviewed by the Planning and Zoning Board.
<b>Ordinance:</b>	A completed application along with appropriate fee must be submitted to the Town's Business Office. One <b>(1) complete copy</b> 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.
	<u><a href="#">Town of Lawrence Ordinance § 267-29</a></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:		
<b>SECTION 2: LANDOWNER/DEVELOPER INFORMATION (IF DIFFERENT FROM APPLICANT)</b>		
Owner/Developer Name:		
Mailing Address:		Email:
City:	State:	ZIP Code:

Phone number:

<b>SECTION 3: PROJECT OR SITE LOCATION</b>	
Project Address:	Parcel #(s):
Parcel Size:	
Current Zoning District:	Frontage:

**Legal Description:**



## TOWN OF LAWRENCE CSM REVIEW APPLICATION

### 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.

<b>Signature of Applicant:</b>	<b>Date:</b>
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### \*\*\*FOR OFFICE USE ONLY\*\*\* APPLICATION/PAYMENT RECEIVED BY

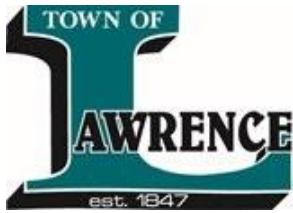
Name: \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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 2<sup>ND</sup> AND 4<sup>TH</sup>  
MONDAY OF EACH MONTH AT  
6:30PM AT THE TOWN HALL.