

Town of Oconto Falls - Oconto County, Wisconsin
APPLICATION for
MINOR LAND DIVISION – CERTIFIED SURVEY MAP

Date: _____

Owner Name: _____

Address: _____

Phone: _____ Email: _____

Surveyor / Engineer Name: _____

Phone: _____ Email: _____

Property Address (if different from Owner address):

Location of Property: _____ ¼ _____ ¼, Section _____, Town _____ Range _____, Town of Oconto Falls

Tax Parcel #: _____ Current Use of Land: _____

Acreage of Parent Parcel: _____ Current Zoning of Parent Parcel: _____

Acreage of Proposed Parcel: _____ Zoning of Proposed Parcel: _____

Reason for Land Division: _____

Will an outlot be created as a result of this land division? Yes ___ No ___

If yes, explain the purpose of the outlot: _____

Anticipated Timeframe for Project: _____

Names and addresses of landowners within 500 feet of proposed property line (attached on separate sheet).

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Additional Comments: _____

Application Checklist:

The Applicant shall submit fifteen (15) copies of the concept plan application packet. The Town of Oconto Falls will not accept any application for a Minor Land Division until the following information and materials are submitted in their entirety:

Certified Survey Map shall incorporate all of the information as required under Chapter 236.34, Wis. Stats., including, but not necessarily limited to, the following (please check):

- Location of access to public road _____
- Date of the map with graphic scale _____
- Name and Address of the person for whom the survey was made _____
- An owner's certificate and approval signature of the Town of Oconto Falls Chairperson and Clerk _____
- Present Zoning for the parcels _____
- All existing structures, watercourses, drainage ditches and other features pertinent to proper division. _____
- The most recent deed and document number _____
- Compliance with applicable design standards outlined in this Chapter _____

NOTE: Applicant or representative must be present at the Plan Commission meeting.

Application Fee:
\$250.00

Check Number: _____
Total Amount: _____

Applicant Signature: _____

Date: _____

NOTE: Professional Services: All costs of professional services such as legal, engineering, and planning review; research; recording fees; and traffic control costs related to any action initiated by a responsible party, other than the Town, to be reviewed or acted upon by the Town of Oconto Falls Plan Commission, Board of Appeals, or Town Board shall pass to the responsible party.