



Return To: 2445 S. Afton Rd.
Beloit, WI 53511
kdevault@townofbeloitwi.gov

Application Number _____

CERTIFIED SURVEY MAP/ LAND DIVISION APPLICATION

Application Date: _____ Agenda Date Requested: _____

Property Owner: _____ Owner's Agent: _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Property Address/ Location: _____

Section Number: _____ Tax Parcel Number: _____

Area of Contiguous Property: _____ (Sq. Ft. or Acres)

Present Zoning: _____

Existing Dwelling on Public Sewer or Private Sewer? Yes _____ No _____

Reason for Dividing Land/Details of Proposal _____

OWNER

Owner's Agent

Signature Date Signature Date

Fees: Conceptual Land Division: \$150.00
Preliminary Plat: \$500.00
Per lot Fee: \$15.00
Final Plat: \$250.00
Per Lot Fee: \$15.00
Certified Survey Map: \$150.00
Per Lot Fee: \$15.00

Total: \$ _____