



FINAL CERTIFIED SURVEY MAP APPLICATION

Date: _____ Quarter Section: _____ Ald. District: _____

Address(es) of subject parcel(s): _____

Reason for Division or Combination: _____

Owner(s)' Name: _____

Address: _____

Telephone: _____

Email (REQUIRED to receive recorded copy of CSM): _____

Owner(s)' Representative/Buyer(s)/Other Contact Name: _____

Address: _____

Telephone: _____ Email (REQUIRED): _____

Surveyor's Name: _____

Address: _____

Telephone: _____ Email (REQUIRED): _____

TOTAL APPLICATION FEES: \$640.00

Instructions on how to pay these fees electronically will be emailed after this application and the proposed CSM have been emailed to kkusche@milwaukee.gov.

These fees are non-refundable

***PLEASE NOTE THAT CERTIFIED SURVEY MAPS CANNOT BE APPROVED UNLESS ALL TAXES AND SPECIAL ASSESEMENTS HAVE BEEN PAID IN FULL.**

AGREEMENT FOR EXTENSION OF TIME

Per Wis Stat 236.34(1m)(f) Within 90 days of submitting a certified survey map for approval, the approving authority, or its agent authorized to approve certified survey maps, shall take action to approve, approve conditionally, or reject the certified survey map and shall state in writing any conditions of approval or reasons for rejection, unless the time is extended by agreement with the subdivider. Failure of the approving authority or its agent to act within the 90 days, or any extension of that period, constitutes an approval of the certified survey map and, upon demand, a certificate to that effect shall be made on the face of the map by the clerk of the authority that has failed to act. As the subdivider, I grant the City of Milwaukee a time extension, if necessary, in order for the attached final certified survey map to be reviewed and approved by the City.

Signature of Subdivider/ Applicant

Date

Email completed application to:

kkusche@milwaukee.gov
(414) 286-5695
<http://city.milwaukee.gov/PlanningPermits>