

ST. CROIX COUNTY LAND DIVISION APPLICATION

MAKE CHECKS (black ink) PAYABLE TO:

St. Croix County Community Development Department
1101 Carmichael Road
Hudson, WI 54016
715-386-4680, Mon- Fri, 8:00am-4:30pm

File #

Property Address (Number & Street or Ave)

Property Owner _____

Mailing Address _____

City _____ State _____ Zip _____

Email: _____

Phone number: _____

Surveyor		
Address		
City	State	Zip
Phone Number	Mail receipt to Surveyor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous owner	Date purchased	
Adjoining owner		
Adjoining owner		

LEGAL DESCRIPTION OF PARENT PARCEL

Parcel # / Computer # -- See tax bill	Lot #	Subdivision/CSM #	Gov't Lot
_____ 1/4, _____ 1/4, Sec _____ / T _____ N /R _____ W			Town of: _____
Size of Parcel:	Acres	Zoning District	

Application for:

Major Subdivision (5 or more lots) Preliminary <input type="checkbox"/> Final <input type="checkbox"/>	<input type="checkbox"/> Minor Subdivision (up to 4 lots)	<input type="checkbox"/> Legal Description/Condo Review
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Additional Information:

Number of Existing Lots: _____	Number of Proposed Lots: _____	Type of road access: <input type="checkbox"/> US or State Hwy <input type="checkbox"/> County Rd <input type="checkbox"/> Town Rd <input type="checkbox"/> Private Rd
Contiguous Buildable Area: Sq. Feet	Stormwater & Erosion Control Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Land Dedication: <input type="checkbox"/> Yes <input type="checkbox"/> No	Structures Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Addendum Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No

Approvals:

Town Checklist: <input type="checkbox"/> Yes <input type="checkbox"/> No	State: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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- Please attach all supporting documentation including but not limited to: CSM/Plat, town checklist, etc. with this application. All surveys must be done in compliance with the Wisconsin Survey Standards.
- I agree this application and all supporting documents have been examined by me and to my knowledge are complete, true, correct, and in compliance with Wisconsin Statute and St. Croix County Chapter 13 Land Division Ordinance.
- I agree to permit county officials charged with administering county ordinances and other authorized personnel to have access to the above described property at any reasonable time for inspections.

Sign Here: _____ Date: _____ Cash Credit Check # _____

COMMENTS:

Approved by: _____ Date: _____ Fee: \$ _____

Date Received:	County Surveyor: <input type="checkbox"/> Yes <input type="checkbox"/> No	Zoning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Register of Deeds <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Bond: Yes No