

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 #	
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Property Address (Number & Street or Ave)
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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 Final	<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:
Contiguous Buildable Area: Sq. Feet	Stormwater & Erosion Control Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> US or State Hwy <input type="checkbox"/> County Rd <input type="checkbox"/> Town Rd <input type="checkbox"/> Private Rd
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:	<input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check #	Bond: <input type="checkbox"/> Yes <input type="checkbox"/> No
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