PRELIMINARY PARCEL DIVISION INQUIRY

Town of Brooklyn, Green County, Wisconsin

PLEASE PRINT OR TYPE

I.	NAME OF SUBDIVIDER (Current Owner) OF LAND PROPOSED FOR
	SUBDIVISION):
	ADDRESS:
	PHONE: Day - () Evening - ()
II.	NAME OF SUBDIVIDER (Applicant) IF DIFFERENT THAN CURRENT
	OWNER:
	ADDRESS:
	PHONE: Day - () Evening - ()
III.	NAME AND LOCATION OF LAND PROPOSED FOR DIVISION:
	Section:
	Parcel No(s):
IV.	PLEASE PROVIDE A MAP OF THE PROPOSED DIVISION SHOWING THOSE
	ITEMS AS REQUIRED BY THE ORDINANCE. (See the instructions.)
v.	INTENDED USE OF LAND:
	Status of perc test(s):
VI.	Applicant Signature Date
	Applicant Signature Date
	and the manual Description Dispring
This	form must be presented to the Town of Brooklyn Planning ssion for review and approval. Call the Town Clerk at 455-
30mm 5411	to get on the agenda.
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	RECOMMENDATION:APPROVALRBJECTION
	Date Date
	Plan Commission Chairperson Date