



MISHICOT Wisconsin

511 East Main Street – Mishicot, WI 54228
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Hours: Mon., Wed. & Thurs.: 9:00am - 4:30pm. Tue. & Fri.: 9:00am – 12:00pm

Certified Survey Map (CSM) Application
A completed copy of the Land Division Checklist shall accompany this application
(Submit 20 copies of Drawings)

Date of Application Submittal: _____

Property Owner(s): _____

Address/City/Zip: _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

Applicant (if other than Owner): _____

Check: Architect ___ Engineer ___ Surveyor ___ Attorney ___ Agent ___

Address/City/Zip: _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

I/we certify the attached drawings are to the best of my/our knowledge complete and drawn in accordance with all codes.

Owner Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Surveyor (if other than Owner or Applicant):

Surveyor: _____ **Registration No.:** _____

Address/City/Zip: _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

Survey Specifics:

Describe the reason for the Certified Survey Map: _____

Tax Key No.(s): _____

Legal Description: _____

For Village Use Only

Fee: _____ Acct No: _____ Receipt: _____ Date: _____

Date Rec'vd Complete: _____ By: _____ Applic. No.: _____

Review by Plan Commission: _____

Recommendation to: Approve _____ Approve with Conditions _____ Deny _____

Review by Village Board: _____

CSM is: Approved _____ Approved with Conditions _____ Denied _____

Comments: _____
