



Village of Sister Bay
2383 MAPLE DRIVE • SISTER BAY, WI 54234
PHONE: (920) 854-4118 • FAX: (920) 854-9637
E-MAIL: INFO@SISTERBAYWI.GOV

MINOR LAND DIVISION CERTIFIED SURVEY MAP

▼ THIS AREA FOR OFFICE USE ONLY ▼	
Account No.	Expiration Date
Fee Amount Paid:	Receipt #:

NAMES & MAILING ADDRESSES	PROPERTY DESCRIPTION
Applicant (Agent)	Parcel Identification Number (PIN) 181-
Street Address	Subdivision or CSM (Volume/Page/Lot)
City • State • ZipCode	Address Of Property (DO NOT Include City/State/ZipCode)
Property Owner (If different from applicant)	Is this property connected to public water? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	Is this property connected to public sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No
City • State • ZipCode	

CONTACT PERSON

Name and daytime phone number (include area code) of a person we can contact if we have any questions about your application.

Name _____ Daytime Phone (____) _____ - _____

PROPERTY USE	PROSPECTIVE BUYER(S)
Current Use Of Property <input type="checkbox"/> Vacant Property <input type="checkbox"/> Single-Family Residential <input type="checkbox"/> Active-Working Farm Operation <input type="checkbox"/> Business • Commercial • (Describe below) Other _____ _____ _____ <input type="checkbox"/> Single-Family Residential Other _____ _____ _____	Is this land division a farm consolidation? <input type="checkbox"/> Yes <input type="checkbox"/> No Is buyer a child or parent of farm operator? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach additional sheets if needed) Prospective Buyer #1 Name _____ Address _____ Address _____ Prospective Buyer #2 Name _____ Address _____ Address _____

PLEASE COMPLETE THE SKETCH PLAN ON THE ATTACHED SHEET.

CERTIFICATE

I, the undersigned, hereby apply for Minor Land Division approval and certify that all the information both above and attached is true and correct to the best of my knowledge. I hereby authorize the Zoning Administrator to enter the above-described property for purposes of obtaining information pertinent to my application request.

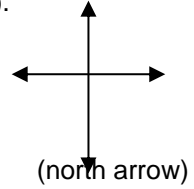
Signature _____ Date _____

Daytime Contact Number (____) _____ - _____ Email _____

SKETCH MAP

INSTRUCTIONS

- ➡ INDICATE north on the arrow.
- ➡ SKETCH the location of the proposed parent parcel and all proposed parcels (include dimensions).
- ➡ LABEL all abutting roads, highways, lakes, streams or wetlands.



Width _____

Rear property line OR Edge of water

▲ Right-of-Way Line of Road/Highway ▲

Width _____

▼ Center(line) of Road/Highway ▼

Name Of Road/Highway _____

APPROVALS

▼ AREA BELOW THIS LINE FOR OFFICE USE ONLY ▼

PLAN COMMISSION ACTION

Date Of Decision _____ Decision _____

Zoning District

ZONING ADMINISTRATOR

☐ APPROVED ☐ DENIED

Overlay District

Date _____

▼ AREA BELOW THIS LINE FOR OFFICE USE ONLY ▼

**Road/Highway
Designation**

- ☐ Village ☐ US/State
☐ County ☐ Private

**Existing
Right-Of-Way**

**Required
Road/Highway Setback**

From Right-of-Way _____
From Centerline _____

**Maximum Lot Coverage
Allowed** _____

Existing _____ Proposed _____
Aggregate _____