



# APPLICATION FOR CERTIFIED SURVEY MAP CITY OF WAUPACA, WISCONSIN

(PETITIONER SHALL COMPLETE ALL ITEMS IN RED.)

PROJECT NAME: \_\_\_\_\_ TAX PARCEL NO. \_\_\_\_\_

PROPERTY LOCATION/ADDRESS: \_\_\_\_\_

CURRENT ZONING OF PROPERTY: \_\_\_\_\_

PROPOSED USE(S) (e.g., industrial, institutional, multifamily, office, retail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT/DEVELOPER: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Engineer/Surveyor: \_\_\_\_\_ Phone: \_\_\_\_\_

The Certified Survey Map Application Submittal Requirements Checklist shall be submitted with this application.

Filing fee in the amount of \$150.00, payable to the City of Waupaca.

If the applicant is not the property owner, the following authorization by the owner shall be completed.

\_\_\_\_\_  
**PROPERTY OWNER**

\_\_\_\_\_  
**APPLICANT**

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

*(For Office Use Only)*

Date Filed: \_\_\_\_\_

Fee: \_\_\_\_\_ \$150.00

Receipt No: \_\_\_\_\_

111 S. Main Street  
Waupaca, WI 54981

CSM - \_\_\_\_\_ - \_\_\_\_\_

Revised 01/2017