

**VILLAGE OF MENOMONEE FALLS
DEPARTMENT OF COMMUNITY DEVELOPMENT**

W156 N8480 Pilgrim Road
Menomonee Falls, WI 53051
Phone 262-532-4270 Fax 262-532-4289

Website menomonee-falls.org Email cd@menomonee-falls.org



**CSM AND SUBDIVISION APPLICATION
APPLICATION FOR REVIEW**

Date _____ Tax Key # _____ Zoning District _____

Nature of Request-



Subdivision Plat



Certified Survey Map

Location (Lot/Block) _____

(If Metes & Bounds, Attach Copy of the Legal Description)

Street Address _____

Proposed Use _____

Owner of Site

Address _____

City/State/Zip _____

Phone _____

Fax _____

Email _____

Engineer

Address _____

City/State/Zip _____

Phone _____

Fax _____

Email _____

Surveyor

Address _____

City/State/Zip _____

Phone _____

Fax _____

Email _____

Contact Person

Address _____

City/State/Zip _____

Phone _____

Fax _____

Email _____

Approval Requested



Conceptual



Preliminary



Final

Fees Required ☐ Yes

☐ No

Date Fee Paid _____

Signature of Applicant _____

NOTES/COMMENTS

Outstanding Special Assessments ☐ Yes ☐ No Checked by _____

If YES, Date Owner Notified _____