

**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](http://menomonee-falls.org) Email [cd@menomonee-falls.org](mailto:cd@menomonee-falls.org)

## **CSM AND SUBDIVISION APPLICATION APPLICATION FOR REVIEW**

Date \_\_\_\_\_ Tax Key # \_\_\_\_\_ Zoning District \_\_\_\_\_

**Nature of Request-**

Location (Lot/Block)

**Subdivision Plat**

**Certified Survey Map**

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

Street Address

\_\_\_\_\_

Proposed Use

\_\_\_\_\_

**Owner of Site**

Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Phone

\_\_\_\_\_

Email

Fax

\_\_\_\_\_

**Engineer**

Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Phone

\_\_\_\_\_

Email

Fax

\_\_\_\_\_

**Surveyor**

Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Phone

\_\_\_\_\_

Email

Fax

\_\_\_\_\_

**Contact Person**

Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Phone

\_\_\_\_\_

Email

Fax

\_\_\_\_\_

**Approval Requested**

**Fees Required**  **Yes**

**Conceptual**

**No**

**Preliminary**

**Date Fee Paid** \_\_\_\_\_

**Final**

**Signature of Applicant** \_\_\_\_\_

### **NOTES/COMMENTS**

Outstanding Special Assessments  Yes  No Checked by \_\_\_\_\_

If YES, Date Owner Notified \_\_\_\_\_