

**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 _____