



"In the Spirit of Town Government"

TOWN OF BUCHANAN
N178 COUNTY RD N, APPLETON, WI 54915
Phone: (920) 734-8599 Fax: (920) 734-9733

APPLICATION FOR: MINOR LAND DIVISION

Application Date: _____

When submitting the required Certified Survey Map for a Minor Land Division, all items required in Article IV of the Town of Buchanan Subdivision of Land Ordinance must be submitted.

An owner's and treasurer's certificate and approval signature of the Town of Buchanan Chairperson and Administrator/Clerk after approval by the Town Board in accordance with Chapter 236.21(3) Wisconsin Statutes, shall be the only approvals required for recording, unless additional approvals are necessary for dedication purposes.

Applicant

Name: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail Address: _____ Phone: _____

Land Owner

Name: _____

Mailing Address: _____

City/State/Zip: _____

Engineer/Surveyor (if applicable)

Name: _____

Mailing Address: _____

City/State/Zip: _____

E-Mail Address: _____ Phone: _____

Legal Description of Property: _____

(Parcel No. or platted Subdivision Name with Lot No.)

Current Zoning District: _____

Conservation CSM: YES NO

This is to certify that the information on this form is COMPLETE, TRUE, and CORRECT and the under signed is authorized to make this application. I understand that submitting this application does not constitute approval, and incomplete applications will result in delays and possible denial.

Signature of Applicant

Date

OFFICE USE ONLY

File No.: _____

Town Plan Commission Meeting: _____

Date Filed: _____

Town Board Meeting: _____

Fee Paid: _____