



**Village of Richfield  
Planning and Zoning**

4128 Hubertus Road  
Hubertus, WI 53033  
(p)262.628.2260 ♦ (f)262.628.2984

**CERTIFIED SURVEY MAP APPLICATION CHECKLIST**

- Pre-application meeting with Village Staff**
  - Date of meeting: \_\_\_\_\_
  - Combining non-conforming lots (Y/N): \_\_\_\_\_
  - Combining conforming lots (Y/N): \_\_\_\_\_
  - Deed restrictions (Y/N): \_\_\_\_\_
  
- Application Received**
  - Date received: \_\_\_\_\_
  
- Determination of completeness**
  - Date reviewed for completeness: \_\_\_\_\_
  
- Communication Form sent to Plan Commission members**
  - Date is Friday before Plan Commission meeting: \_\_\_\_\_
  
- Communication Form and PC Agenda sent to applicant, Friday before meeting: \_\_\_\_\_**
  
- PC meeting agenda posted at three U.S. Post Offices**
  
- Joint Plan Commission/Village Board Meeting**
  
- Plan Commission recommendation to Village Board**
  
- Village Board decision**
  
- Applicant files approved CSM at Washington County Register of Deeds**
  
- Application information stored in Lazerfish**
  
- Revise zoning map with Tax Key ID sent to C/S for updating**
  - Date sent to C/S: \_\_\_\_\_
  - Revised on: \_\_\_\_\_

CSM Fee  
**\$450.00**

## CERTIFIED SURVEY MAP APPLICATION

The undersigned certifies that a final certified survey map was prepared by a registered land surveyor. It complies with the requirements of Wis. Stats. §236.34; and certifies that the information listed below is accurate.

### Overview

Please fill out all forms attached in this document for the purposes of obtaining a conditional use permit. Submittal is 25 days prior to the next Plan Commission meeting. See Planning & Zoning Fee Schedule for all required fees. All certified survey maps are reviewed by the Plan Commission and Village Board. The Plan Commission meets on the first Thursday of every month and the Village Board meets on the third Thursday of every month.

#### Property Owner Information

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### Wisconsin Registered Surveyor

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### Project Information

Tax Parcel Number: \_\_\_\_\_ Size of Parcel (acres): \_\_\_\_\_ Zoning: \_\_\_\_\_

IF SUBMITTING AN ELECTRONIC PAYMENT, PLEASE CHECK THIS BOX.  
TO PAY FOR THIS APPLICATION ONLINE, PLEASE [CLICK HERE](#)

**Property Owner Affidavit**

I (we), attest that I am (we are) the Owner(s) of the property which is the subject of this application in the Village of Richfield, Washington County, Wisconsin, and that all the information attached to or provided in support of said application, including sketches, data, and any other documents and material, are honest and true to the best of my (our) knowledge.

Further, I (we) as Owner(s) acknowledge and accept the responsibility for any and all fees charged or costs incurred by the Village of Richfield to carry out the processing and review of this application; I (we) further acknowledge and understand that I (we) will be required to start an escrow account to which all processing and review costs will be charged; I (we) further acknowledge that in the event that the initial fee is not sufficient to cover all the costs associated with processing and reviewing the application I (we) will be required to provide the Village of Richfield an additional deposit; I (we) further acknowledge that the balance of any remaining fees shall be refunded within a reasonable amount of time after this application has been processed.

Further I (we) as Owner(s) of the subject property authorize and direct the Authorized Agent(s) identified above to act as my (our) representative(s) in any matter regarding this application, which may include the payment of filing fees on my (our) behalf;

Further I (we) as Owner(s) of the property subject of this application and Authorized Agent(s) understand that this application and all required forms and information must be completed and accurate, as determined by the Planning and Zoning Administrator for the Village of Richfield, before a meeting and/or public hearing (if required) can be scheduled.

\_\_\_\_\_  
**Print Name of Owner(s)**

\_\_\_\_\_  
**Signature of Owner(s)**

\_\_\_\_\_  
**Name of Agents(s)**

**The foregoing instrument was sworn to and acknowledged before me**

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
**Notary Signature**

\_\_\_\_\_  
**Print Notary Signature**

\_\_\_\_\_  
**Commission Expires**