APPLICATION FOR MINOR (CSM), COUNTY OR STATE SUBDIVISION

Please return this application to:
Marathon County Conservation, Planning & Zoning Department
210 River Drive, Wausau, WI 54403-5449
Phone: 715-261-6000

Please return this completed form, the completed minor, county or state subdivision plat and the applicable fee to the Marathon County Conservation, Planning and Zoning Department.

This section to be completed by owner or surveyor:

1. _____
Owner or Seller's Name, Address and Phone Number

_____
Person commissioning survey (if other than owner) Name, Address and Phone Number

_____
Surveyor's Name, Address and Phone Number Fee: **[On Account]** **[Attached]**

2. Location of parcel by ¼ ¼ section or G.L. #, Township, Range and Town name to be surveyed or divided.
_____
_____
_____

3. Parcel Numbers of all parcels included: _____
_____
_____

4. This division will be a **[Minor Subdivision (CSM)]** **[County Plat]** **[State Plat]**.

5. Is this a transfer between neighboring landowners per 18.06(2)(c)? **[Yes]** or **[No]**

7. Number of lots that will be shown on this survey _____

8. Approximate lot size(s) _____ **Square Feet** or **Acres** (Circle one).

9. Area left in remainder parcel after this survey. (Do not include area of other tax parcels owned by the same person)
_____**Square Feet** or _____**Acres** or _____**No Remainder**

10. Zoning District of this survey_____

11. Does this survey abut a State or County Road? **[Yes]** or **[No]**

11. Is this survey located within a review area of any other municipality? **[Yes]** or **[No]**

Municipality: _____

It is recommended that you check with the town in which the Minor, County or State Plat is to be located to insure that the lot(s) to be created meet the minimum standards of that town.

Surveyor or Representative's Signature _____Date: _____