

# VILLAGE/TOWN OF BLOOMFIELD

VILLAGE: PO BOX 609 – TOWN: PO BOX 704, PELL LAKE, WI 53157  
Planning and Zoning Office (262) 279-6039 Ext. 3 • Fax (262) 279-0196

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## CERTIFIED SURVEY MAP APPLICATION

\_\_\_\_\_ Town \_\_\_\_\_ Village

### Fee: See Schedule

This application form is to be used for the approval of all Certified Survey Maps. Attach a copy of the CSM to be approved and a copy of the previous CSM being changed.

\*\*\*Please note: A completed application, along with the CSM, and fees must be received by the Zoning Administrator no later than the last day of any month in order to be put on the Planning and Zoning Commission's next agenda.\*\*\*

**Property Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Affected Tax Parcel Number(s):** \_\_\_\_\_ & \_\_\_\_\_

**Zoning Districts:** \_\_\_\_\_ & \_\_\_\_\_

**Physical Address of CSM:** \_\_\_\_\_

**Purpose of Transfer:** \_\_\_\_\_

**Are these Existing Improvements?** \_\_\_\_\_

If yes, are they serviced by:    \_\_\_ Municipal Sewer    \_\_\_ Private Septic\*

\*Please indicate septic system area on plat.

**Additional requested information/comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Property Owner Signature)

\_\_\_\_\_  
(Date)

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**COST RECOVERY AGREEMENT**

I/We, the undersigned, do hereby understand and agree that as an applicant or petitioner of the Village/Town of Bloomfield, I/We will be responsible for all normal fees payable by an applicant or petitioner (e.g. application fees, engineer fees, attorney fees, etc.). I/We further understand and agree to be responsible for any additional or consequential costs to the municipality as a result of my/our application or petition (i.e. engineering, legal, or other professional services). All fees and costs shall be paid within thirty (30) days of invoice and must be paid prior to the issuance of any permit or license. If payment is not made, said fees and costs may be assessed against the real property as a special charge.

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*(Property Owner Signature)*

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*(Date)*

**FOR OFFICE USE ONLY**

**\*\*\*This approval is only valid for sixty (60) days. Action must be taken within sixty (60) days to file the necessary deeds in compliance with the approval or this approval is null and void.\*\*\***

**Planning and Zoning Administrator Signature:**

**Date:**

**Approved:**

**Denied:**

**Denial Date and Reason:**