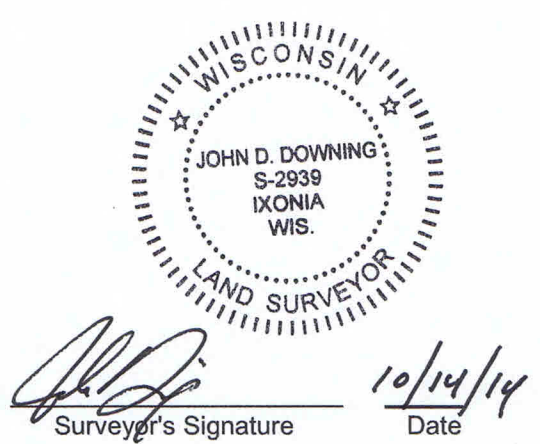


Request for Land Subdivision Plat Review

Department of Administration

Plat Review – DOA
 Shipping Address: 101 E Wilson St FL 9
 Madison WI 53703
 Mailing Address: PO Box 1645
 Madison WI 53701
 Phone: 608-266-3200 Fax: 608-264-6104
 Email: plat.review@wi.gov
 Web: <http://doa.wi.gov/platreview>

Subdivision Name: <u>FOX LAKE VILLAGE ADDITION NO. 1</u>	
County: <u>WAUKESHA</u>	Surveyor's Seal
Surveyor, Company & Shipping Address:	
Name: <u>JOHN DOWNING</u>	
Company: <u>LAND TECH SURVEYING LLC</u>	
Shipping Address: <u>W2798 EVERGREEN RD</u> <u>IXONIA, WI 53036</u>	
Phone: <u>262-367-7599</u>	
Fax: _____	
Email: <u>john@landtechwi.com</u>	
	

Complete: 1-8 for FINAL Plats; 4-8 for PRELIMINARY Plats; 7 for ASSESSOR'S Plats; or 1 & 4 for CSMs

I certify that, as the Wisc. Registered Land Surveyor responsible for the field survey & preparation of this plat:

1. All monuments have been set per s. 236.15 (1), Wis. Stats.
 OR
 All exterior boundary monuments have been set, but the town, village or city has temporarily waived placing interior monuments per s. 236.15 (1)(h), Wis. Stats.
2. Plat Review will make recordable document.
 OR
 Surveyor will make recordable document.

3. Preliminary plat name: FOX LAKE VILLAGE

4. Subdivider's name, Gregory Walsh 14200 Woodlawn Circle
 address and email: gwalsh@wdgllc.com Elm Grove, WI 53122

ENCLOSURES:

5. Original drawing from surveyor. Number of sheets 4
6. Is this plat served by public sewer? Yes No
7. Check or money order covering Department of Administration, Plat Review fee
8. DOT: Not abutting a S.T.H., U.S.H. or I.H. OR DOT form enclosed.

Surveyor's Receipt & Transmittal Record		Shaded Area for Office Use Only	
Date Received:	Date Time Limit Expires:	Preliminary	
Date Copies Sent:		Final	
DOT:	County:		
By:	Plat Review Officer	Assessor	CSM

Fee Schedule

A Guide for Calculating the Fee Required by Adm 49, Wis. Admin. Code

PRELIMINARY PLAT

\$ _____ \$125 Initial Filing Fee***
\$ _____ \$100 Review Fee
\$ _____ Reprographics & Postage Fee - \$40/sheet x _____ sheets (required for all plats)

***NOTE: The \$125 initial filing fee is required with the first submittal of the plat. An addition to a plat, even if originally part of an overall preliminary plat, or a replat is a new file which requires the \$125 initial filing fee.

FINAL PLAT

\$ 125 \$125 Initial Filing Fee (no preliminary plat submitted)***
\$ 570 Parcel Fee - \$30/parcel x 19 parcels (\$120 minimum)
\$ 160 Reprographics & Postage Fee - \$40/sheet x 4 sheets (required for all plats)

ASSESSOR'S PLAT

\$ _____ \$125 Initial Filing Fee***
\$ _____ Parcel Fee - \$30/parcel x _____ parcels (\$120 minimum)
\$ _____ Reprographics & Postage Fee - \$40/sheet x _____ sheets (required for all plats)

REVISED PLAT (not certified)

\$ _____ \$120 Review Fee (minimum parcel fee)
\$ _____ Reconfiguration Fee (modification of parcel boundaries)-\$30/parcel x _____ parcels (\$120min)

RESUBMITTED PLAT (previously certified or withdrawn)

\$ _____ \$120 Review Fee (minimum parcel fee)
\$ _____ Recertification Fee (reprographics & postage) - \$40/sheet x _____ sheets
\$ _____ Reconfiguration Fee (modification of parcel boundaries)-\$30/parcel x _____ parcels (\$120min)

MISC

\$ _____ \$100 Certified Survey Map
\$ _____ \$ 50 Written pre-submission consultation request.

\$ 855 TOTAL FEE DUE _____ Advance Deposit Account number

Attach check or money order here, payable to: **Department of Administration**

