Request for **Land Subdivision Plat Review**

Plat Review - DOA Mailing Address: PO Box 1645

Madison WI 53701

Phone: 608-266-3200

Email: plat.review@wi.gov Web: http://doa.wi.gov/platreview

Department of Administration

Subdivision I	Name: HOWELL	OAKS ADDITION NO. 3					
County: Waukesha				Surveyor's Seal			
Surveyor, Company & Shipping Address: Name: Ted R. Indermuehle			THE WASHEST ON SINGS				
Company:	Company: Trio Engineering LLC			TED R.			
Shipping	4100 N. Calhoun Rd. Suite 300			TED R. INDERMUEHLE S-3119 BROOKFIELD, WI			
Address:	Address: Brookfield, WI 53005			BROOKFIELD, WI			
Phone: 262-790-1480			AND COUNTY TO				
Email: tindermuehle@trioeng.com			O THE DE LABOR BOOK OF THE PARTY OF THE PART				
				Franch 9-21-2	20		
				Surveyor's Signature Date			
Complete: 1-7 for FINAL Plats; 3-7 for PRELIMINARY Plats; 6 for ASSESSOR'S Plats; or 3 & 6 for CSMs							
I certify that, as the Wisc. Professional Land Surveyor responsible for the field survey & preparation of this plat:							
1. All monuments have been set per s. 236.15 (1), Wis. Stats.							
■ 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.							
	nary plat name:						
		Howell Oaks Development LLC C/O Thomson Companies					
and email: dfrederick@thomsoncompanies.com 4. PDF preferred (no scans). Number of sheets 3							
	preferred (no so						
5. Is this plat served by public sewer? ■ Yes □ No							
6. Include a check or money order covering Department of Administration, Plat Review fee							
7. DOT: Not abutting a S.T.H., U.S.H. or I.H. OR DOT form enclosed.							
Surveyor's Receipt & Transmittal Record			Sh	aded Area for Office Use Only			
Date Received: Date Time Limit Expires:			Prelimi	nary			
Date Copies Sent: DOT: County:			Final		N. C.		
By:		Plat Review Officer	Assess	or CSM			
DD-326 (Rev 04/2020) o:\forms\wi_plat_review_form.docx							

Fee Schedule

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

PRELIMINARY PLAT \$ \$125 Filing Fee \$ \$100 Review Fee \$ \$100 Review Fee Reprographics & Postage Fee - \$40/sheet x sheets (required for all plats)	_					
\$\frac{125}{25}\$\$ \$125 Filing Fee *** ***(Required unless a preliminary plat has been previously submitted. Also required for subsequent additions or phases of a plat.) \$\frac{900}{120}\$ Parcel Fee - \$30/parcel x \frac{30}{20}\$ parcels (outlots + lots) (\$120 minimum) \$\frac{120}{20}\$ Sheets (required for all plats)	_					
ASSESSOR'S PLAT \$ \$125 Filing Fee \$ Parcel Fee - \$30/parcel x parcels (outlots + lots) (\$120 minimum) \$ Reprographics & Postage Fee - \$40/sheet x sheets (required for all plats)						
REVISED PLAT (not certified) \$ \$120 Review Fee \$ Reconfiguration Fee (add/remove lots/outlots or move streets)-\$30/parcel x parcels	_					
RESUBMITTED PLAT (previously certified or withdrawn) \$ \$120 Review Fee. Includes 2 sheets, additional sheets \$40/sheet x sheets \$ Reconfiguration Fee (add/remove lots/outlots or move streets)-\$30/parcel x parcels						
MISC \$ \$100 Certified Survey Map \$ \$ 50 Written pre-submission consultation request.						
\$ 1,145 TOTAL FEE DUE Advance Deposit Account number						
Include check or money order, payable to: Department of Administration						
Shaded Area for Office Use Only Date fee received:						
Payee: Check Number:	_					
Check Date:	_					
Amount:	_					