

CITY of BELOIT

Planning and Building Services Division

100 State Street, Beloit, WI 53511 Phone: (608) 364-6700 Fax: (608) 364-6609

Application for Review of a Minor Subdivision

(Please Type or Print)

File Number: _____

1. Address of property: _____

2. Tax Parcel Number(s): _____

3. Property is located in (circle one): City of Beloit or Town of: Turtle; Beloit; Rock or LaPrairie
In the _____ Quarter of Section _____, Township _____ North, Range _____ East of the 4th P.M.

4. Owner of record: _____ Phone: _____

(Address)

(City)

(State)

(Zip)

5. Applicant's Name: _____

(Address)

(City)

(State)

(Zip)

(Office Phone #)

(Cell Phone #)

(E-mail Address)

6. Number of new lots proposed with this land division is _____ lot(s).

7. Total area of land included in this map: _____

8. Total area of land remaining in parent parcel: _____

9. Is there a proposed dedication of any land to the City of Beloit? _____

10. The present zoning classification of this property is: _____

11. Is the proposed use permitted in this zoning district: _____

12. **THE FOLLOWING ITEMS MAY NEED TO BE COMPLETED AND/OR ATTACHED:**

- Site Assessment Checklist;** is required if the total area of CSM is over 5 acres.
- Pre-application meeting;** a pre-application meeting was held on _____ with City of Beloit Staff.
- Developer's Statement;** as required by section 12.02(7) of the Subdivision Ordinance.
- Phase One Environmental Assessment;** as per section 12.05(1)(c) of the Subdivision Ordinance.
- Certified Survey Map;** one copy as required by section 12.05(1) of the Subdivision Ordinance.

The applicant's signature below indicates the information contained in this application and on all accompanying documents is true and correct. The undersigned does hereby respectfully make application for and petition the City Plan Commission or City Council for approval of this Certified Survey Map for the purpose stated herein. The undersigned also agrees to abide by all applicable federal, state and local laws, rules, and regulations.

(Signature of applicant)

(Print name of applicant)

(Date)

This application must be submitted at least 21 days prior to the Plan Commission meeting date.

Review fee: **\$300.00** Amount paid: _____

Scheduled meeting date: _____

Application accepted by: _____ Date: _____