Village of CLEVELAND WISCONSIN

APPLICATION FOR MAP AND PLAT REVIEW
1150 W. Washington Ave., P O Box 87
Cleveland WI 53015
www.clevelandwi.gov
(920) 693-8181

1 Application Type and Filing Fee

☐ Preliminary Plat or Replat, $300 + publication costs ☐ Prelim Plat Reapplication, $25 + pub costs

☐ Final Plat, $100 ☐ Final Plat Reapplication, $10 ☐ Certified Survey Map, $50

Make checks payable to "Village of Cleveland" or pay online at www.clevelandwi.gov.

If a Plat, proposed subdivision name: _____

2 Owner and Applicant Information

PROPERTY OWNER	APPLICANT or OWNER'S AGENT
Name	Name
Mailing Address	Mailing Address
Phone	Phone
Email	Email

SURVEY FIRM

Firm Preparing Survey	Contact Person Name
Mailing Address	Street Address
Phone	Phone
Fax	Fax
Email	Email

Check **ONE** - All correspondence on this application should be sent to: ☐ Owner ☐ Agent ☐ Survey Firm

3 Property Information

Tax Parcel Number(s) _____

Total Acreage of Property _____   Number of Buildable Lots Proposed _____

Total Number of Lots Proposed _____   Number of Outlots Proposed _____

➡ Provide percentage of impervious surface coverage for each proposed lot located within the Village of Cleveland.

Current Zoning District(s) of Property _____

Proposed Zoning District(s) of Lots _____

Current Use(s) of Property _____

Proposed Use(s)   ☐ Single-Family Residential   ☐ Multi-Family Residential   ☐ Business/Industrial

☐ Two-Family Residential   ☐ Other _____

➡ Submit electronic copy of plat/map with owner's signature, and the legal description in Microsoft Word format by email to village@clevelandwi.gov.

4 Reasons for Request

_____

_____

_____

_____

5 Extraterritorial Requests

CIRCLE THE APPROPRIATE TOWN AND COUNTY JURISDICTIONS

Town of Centerville   or   Town of Mosel   Manitowoc County   or   Sheboygan County

➡ Certificate page must include signature blocks for the Town, County, and Village.

6 Applicant Declarations and Signature

I attest that the application has been completed accurately and all required materials have been submitted:

Owner/Agent   Date

_____   _____

OFFICE USE ONLY   Plan Commission Date _____ / _____ / _____   Village Board Date _____ / _____ / _____

Date Filed _____ / _____ / _____   ☐ Approved   ☐ Conditionally Approved   ☐ Denied

Date Fee Paid _____ / _____ / _____ $ _____   ☐ Check # _____   ☐ PSN   ☐ Cash

05-30-18/sg