

# 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](mailto:plat.review@wi.gov)  
**Web:** <https://doa.wi.gov/platreview>

Department of Administration

**Online Submittal and Payment: Instead of this form go to <https://wi.accessgov.com/public/Forms/Page/doa-dir/dir-platreview/>**  
 Mailing a check adds about a week to the process.

Subdivision Name:		<b>Surveyor's Seal</b>
<b>Surveyor, Company &amp; Street Address:</b>		
License #:		
Name:	_____	
Company:	_____	
Street address:	_____	
(no PO boxes):	_____	
Phone:	_____	
Email:	_____	
	_____ Surveyor's Signature	_____ Date

**Complete: 1-7 for FINAL Plats; 3-7 for PRELIMINARY Plats; 4 & 6 for ASSESSOR'S Plats; or 3-4 & 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.  
 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. Preliminary plat name: \_\_\_\_\_

3. Subdivider's name, \_\_\_\_\_  
 and email: \_\_\_\_\_

4.  Email plat PDF (not scanned) and this form to [plat.review@wi.gov](mailto:plat.review@wi.gov). Number of sheets \_\_\_\_\_
5. Is this plat served by public sewer?  Yes  No
6.  Mail a check or money order covering the Department of Administration, Plat Review fee with this form.
7. 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:			
DOT:	County:	Final	
By:	Plat Review Officer		
		Assessor	CSM

# Fee Schedule

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

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## PRELIMINARY PLAT

\$ \_\_\_\_\_ \$125 Filing Fee

\$ \_\_\_\_\_ \$100 Review Fee

\$ \_\_\_\_\_ Reprographics & Postage Fee - \$40/sheet x \_\_\_\_\_ sheets (required for all plats)

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## FINAL PLAT

\$ \_\_\_\_\_ \$125 Filing Fee \*\*\*

\*\*\* (Required unless a preliminary plat has been previously submitted. Also required for subsequent additions or phases of a plat.)

\$ \_\_\_\_\_ Parcel Fee - \$30/parcel x \_\_\_\_\_ parcels (outlots + lots) (\$120 minimum) (required for all plats)

\$ \_\_\_\_\_ Reprographics & Postage Fee - \$40/sheet x \_\_\_\_\_ sheets (required for all plats)

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## ASSESSOR'S PLAT

\$ \_\_\_\_\_ \$125 Filing Fee

\$ \_\_\_\_\_ Parcel Fee - \$30/parcel x \_\_\_\_\_ parcels (outlots + lots) (\$120 minimum) (required for all plats)

\$ \_\_\_\_\_ Reprographics & Postage Fee - \$40/sheet x \_\_\_\_\_ sheets (required for all plats)

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## REVISED PLAT (not certified)

\$ \_\_\_\_\_ \$120 Review Fee

\$ \_\_\_\_\_ Reconfiguration Fee (add/remove lots/outlots or move streets)-\$30/parcel x \_\_\_\_\_ parcels

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## 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

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## MISC

\$ \_\_\_\_\_ \$100 **Certified Survey Map**

\$ \_\_\_\_\_ \$ 50 Written pre-submission consultation request.

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\$ \_\_\_\_\_ **TOTAL FEE DUE**

Mail this form with check or money order, payable to: **Department of Administration**

**DON'T use staples or tape on the check.**

Shaded Area for Office Use Only

Date fee received: \_\_\_\_\_

Payer: \_\_\_\_\_ Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

Amount: \_\_\_\_\_