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| **Request for****Land Subdivision Plat Review****Department of Administration** |  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> |
| **Online Submittal and Payment: Instead of this form go to** <https://appengine.egov.com/apps/wi/DIR/PlatReview>**This will speed up the process by saving the several days it takes to mail a check to us.** |
| Subdivision Name:  |
| License #: | **Surveyor, Company & Street Address:** |  | **Surveyor's Seal** |
| 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 CSMsI 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. Number of sheets 5. Is this plat served by public sewer? **[ ]**  Yes **[ ]**  No6. **[ ]**  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 |
| DD-326 (Rev November 2022) | g:\platreview\forms\wiplatreviewform.docx |

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| **Fee Schedule**A Guide for Calculating the Fee Required by Adm 49, Wis. Admin. Code |
| **PRELIMINARY PLAT**$       $125 Filing Fee$       $100 Review Fee$       Reprographics & Postage Fee - $40/sheet x       sheets (required for all plats) |
| **FINAL PLAT**$       $125 Filing Fee \*\*\*\*\*\*(Required unless a preliminary plat has been previously submitted. Also required for subsequent additions or phases of a plat.)$       Parcel Fee - $30/parcel x       parcels (outlots + lots) ($120 minimum) (required for all plats)$       Reprographics & Postage Fee - $40/sheet x       sheets (required for all plats) |
| **ASSESSOR'S PLAT**$       $125 Filing Fee$       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)-$30/parcel x       parcels |
| **RESUBMITTED PLAT** (previously certified or withdrawn)$       $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. |
| $       **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 OnlyDate fee received: \_\_\_\_\_\_\_\_\_\_Payer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number: \_\_\_\_\_\_\_\_\_Check Date: \_\_\_\_\_\_\_\_\_Amount: \_\_\_\_\_\_\_\_\_ |