Buffalo County Zoning Department

407 S. Second Street ■ PO Box 492 ■ Alma, WI 54610 (608) 685-6218
Fax: (608) 685-6213 www.co.buffalo.wi.us

Certified Survey Map Review Application

Property Owner Name:	Phone #:
Mailing Address:	
Email Address:	

Surveyor/Agent Name:	Phone #:
Mailing Address:	
Email Address:	

CSM SITE INFORMATION	**Parcel Number: __ __ __ - __ __ __ __ __ - __ __ __ __**

Additional Parcel #s: __ __ __ - __ __ __ __ __ -__ __ __ __ __ __ __ __ - __ __ __ __ __ - __ __ __ __

Property Description: _____ ¼ _____ ¼ Sec._____, T _____N, R _____W, Town of _____

Parcel Size in Acres: Lot 1_____ Lot 2 _____ Lot 3_____ Lot 4_____

Number of Lots on CSM: _____

* Is this a transfer between neighboring landowners? Yes No

* Is CSM located within a review area of a municipality? Yes No Municipality:_____

* Has the land division resulted in additional parcels that are 20 acres or less in size? Yes No

* Are lots enrolled in a MFL program? Yes No

CSM SUBMITTAL REQUIREMENTS	✓	Dept. Use
1. Four copies of CSM meeting all requirements of Wis. Stats. Chapter 236		
2. Application review fee.		
3. A separate drawing showing slopes of 12% or greater, for lots to be developed.		
4. A separate drawing showing the regulatory floodplain boundary and elevation, for lots to be developed.		
5. A separate drawing showing location of wetlands on or adjacent to the site, for lots to be developed.		
6. Agency statement or permit approving driveway access to each lot to be developed.		
7. Location map showing section in which subdivision lies.		
8. Location of Ordinary High-Water Mark on any navigable water, for lots to be developed.		
9. Location and description of any proposed improvements.		
10. Structures onsite or within 50 feet on adjoining property.		
11. Existing easements and proposed easements.		
12. Wells onsite or within 100 feet on adjoining property.		
13. Consistency with density standards as set forth in the Zoning Ordinance.		
14. On its face a CSM shall evidence any adjoining previously recorded CSM's and their accompanying document number, volume, and page numbers together with any previous CSM's which are being replaced in part or in whole by a new CSM.		
15. Location of existing driveways		

16. Where appropriate, two lot area calculations shall be provided; inclusive and exclusive of all existing and proposed public right-of-ways.		

CSM EXCEPTIONS

- Transfers of interest in land by will or pursuant to court order.
- Sale or exchange of parcels of land between owners of adjoining property, if additional lots are not thereby created and lots resulting are not reduced below the minimum size required.
- Towns where re-monumentation has not been completed.
- The land division is of an existing undivided quarter/quarter section and the quarter/quarter section is divided in half.

RECORDING of CSM

- Approved CSM's shall be filed for recording with the Buffalo County Register of deeds prior to transferring ownership of any parcels created by a land division or land combining, as provided in 236.34(2) Wis. Stats.

- Upon approval, each CSM shall be recorded in the Register of Deeds office within six months of the date of approval. Failure to do so shall require that the CSM be resubmitted, with the appropriate fee, for review and approval.

APPLICANT SIGNATURE

I certify by my signature that all information presented herein is true to the best of my knowledge. I understand that I am subject to all applicable codes, statutes and ordinances of Buffalo County and the State of Wisconsin. Providing incorrect information may cause a delay in permit processing or denial. I give permission for the staff of the Buffalo County Zoning Department to enter upon my property for the purpose of verifying that the standards and requirements of the Zoning Ordinance are met.

Owner/Agent Signature_____ Date:_____

Make checks payable to: **Buffalo County Treasurer**
Return Completed application to: **Buffalo County Zoning Department, P.O. Box 492, Alma, WI 54610**

Application fees are non-refundable.

CERTIFIED SURVEY MAP (CSM)	REVIEW FEES
1 Lot CSM	$220
2 Lot CSM	$260
3 Lot CSM	$300
4 Lot CSM	$340

RECORDING FEE: $30

Submit additional check payable to: **Register of Deeds**

ZONING DEPARTMENT USE ONLY

Date Application Accepted: _____ CSM #: _____

Accepted By: _____ Receipt #: _____

APPLICABLE FEES

CSM Review: _____ Number of Lots: _____

Total Fees: _____

Check #: _____ or Cash ☐

Zoning District: _____

Soil Test Required: yes ☐ no ☐ Septic Permit Required: yes ☐ no ☐

Shoreland: yes ☐ no ☐ Wetlands: yes ☐ no ☐ Floodplain: yes ☐ no ☐

Steep Slopes: yes ☐ no ☐ % slops at Development Sites: _____

% slopes at Driveway: _____

Inspection Date	Inspector	Comments
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

CSM Application Approved by:

Zoning Department: _____ Date: _____

County Surveyor: _____ Date: _____

Register of Deeds: _____ Date: _____

CSM Application Denied for the following reasons: _____

_____

_____

Signature: ____ Date: _________________________