

VILLAGE OF ELK MOUND Certified Survey Map (CSM)

Written application requesting approval of a Certified Survey Map

Name: _____

Company: _____

Address: _____

Phone: _____

Additional Name: _____

Company: _____

Address: _____

Phone: _____

Specify the proposed use:

Legal description of property as follows:

Signature

Date

FOR OFFICE USE ONLY:

Date Received: _____ Fee Paid: _____

Plan Commission Hearing Date: _____

Village Board Hearing Date: _____

RETURN TO: Patricia A. Hahn, Clerk/Treasurer, Village of Elk Mound
PO Box 188, Elk Mound, WI 54739
Phone: 715-879-5011, Fax: 715-879-5851