

# 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: Karin Wolf, Clerk/Treasurer, Village of Elk Mound  
PO Box 188, Elk Mound, WI 54739  
Phone: 715-879-5011, Fax: 715-879-5851