Department of Planning & Economic Development

City of Marshfield – Plan Commission
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Marshfield, WI 54449-0727
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Email: josh.miller@ci.marshfield.wi.us

Subdivision Application

Office use only
Date rec'd / by _____
Fee/Receipt No._____

Type of Action:	**Project Information:**
☐ Preliminary Plan (Fee: $145.00 + $10 per lot) ☐ Final Plat/Re-Plat (Fee: $25.00) ☐ Parkland Dedication Fee, if applicable (Separate Fee)	Subdivision Name: _____ _____ Acreage: _____

Property Address: _____ **City, State/Zip:** _____

Legal Description: _____

_____

_____

Property Owner Firm: _____ **Contact Name:** _____

Phone: _____ **E-Mail:** _____

Mailing Address: _____ **City, State/Zip:** _____

Project Engineer Firm: _____ **Contact Name:** _____

Phone: _____ **E-Mail:** _____

Mailing Address: _____ **City, State/Zip:** _____

SUBMITTAL VERIFICATION AND INSPECTION AUTHORIZATION

As the applicant named above, my signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that City Staff review is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided may delay the review of this application. I further understand that **plans submitted without an engineer's and/or survey's seal will not be accepted for review and that City Staff review time may take up to four weeks per review.** In addition, as the owner or authorized agent, my signature authorizes the City Staff or their representatives to visit and inspect the property for which this application is being submitted.

_____
Authorized Signature Date