

Request for Land Subdivision Plat Review

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>

Department of Administration

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: _____		Surveyor's Seal
Surveyor, Company & Street Address:		
License #: _____		<hr/> Surveyor's Signature Date
Name: _____		
Company: _____		
Street address: _____		
(no PO boxes): _____		
Phone: _____		
Email: _____		

Complete: 1-7 for FINAL Plats; 3-7 for PRELIMINARY Plats; 4 & 6 for ASSESSOR'S Plats; or 3-4 & 6 for CSMs

I 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 No
6. 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

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)

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 Only

Date fee received: _____

Payer: _____ Check Number: _____

Check Date: _____

Amount: _____