DON'T STAPLE

Request for Land Subdivision Plat Review

Department of Administration

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

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, Company & Street Address:

License #:

Name: _____

Company: _____

Street address: _____

(no PO boxes): _____

Phone: _____

Email: _____

Surveyor's Seal

_____ _____
Surveyor's Signature Date

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: _____