



**2024 Request for
Land Subdivision Plat Review
Eau Claire County Wisconsin
Effective January 1, 2024**

Subdivision Name: _____ Township Plat is in: _____ Surveyor and Company Name: _____ Mailing Address: _____ _____ Phone: _____ FAX: _____ E-mail: _____	Surveyor's Seal _____ Surveyor's Signature Date
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*Note: **Plats are required** to be submitted a minimum of **25** calendar days prior to the governing meeting at which the plat is to be reviewed by the committee.*

Complete items 1 - 10 for Final Plats and 3 - 10 for Preliminary Plats.

I hereby certify that as the Wisconsin Land Surveyor responsible for the field survey and the preparation of this plat, that:

1 All monuments have been set per s. 236.15(1) or All exterior boundary monuments have been set, but the town has temporarily waived placing interior monuments per s. 236.15(1)(h)			
2 Recordable documents will be on durable white paper			
3 Submitted Plat's Name: _____			
4 Subdivider's name: _____ address & phone: _____			
5 Surveyor has submitted the Plat to DOA Plat Review Yes____ No ____			
6 County to forward copies to local municipalities noted on plat Yes____ No ____			
7 Municipal certification of public sewer availability provided N/A____ Yes____ No ____ or Soil boring log forms provided for County Soil Analysis N/A____ Yes____ No ____			
8 Ground Water Management Plan Provided Yes____ No ____			
9 Storm Water Management Permit Submitted Yes____ No ____			
10 Check # _____ or cash _____ covering County review fee of \$ _____ Check # _____ or cash _____ covering Soil Analysis review fee of \$ _____			

Note: Shaded areas are for County Use Only.

Fee Schedule

Guide to Calculate Fees Required by 4.35.110 of the Eau Claire County Code.

Submittal Fee of **\$480.00** per plat fill in or strike out any N/A
 Payable with the submission of all preliminary plats _____

Parcel Review Fee: **\$95.00** per parcel x _____ parcels = _____

Final Plat Review Fee of **\$ 270.00** per final plat _____
 Payable with the submission of all final
 plats Mapping Review Fee: **\$120.00** per _____ parcels = _____
 parcel x

Storm Water Management Permit Fees **\$500+ \$50/4,000 Sq. Ft.**
of Impervious Area payable directly to the Land
 Conservation Division.

Total Review Fees Due - Payable to Eau Claire County Treasurer _____

Soil Analysis Fees - Payable to City/County Health Department
[Health Department Soil Boring Fee Chart](#) (Please include with Health Department Submission)

Attach payments here:

1st Check Payable to Eau Claire County Treasurer
 for review fees.

2nd Check Payable to Eau Claire County Health Department
 for soil analysis fees.

Office Use Only			
Logged in by:	P&D Staff	Date Logged in:	
Received from:	(Circle)	(Circle)	(Circle)
	Owner/Agent	By Mail or in Person	Preliminary or Final
Approximately 60 day county review time limit expires on: (time limit starts from when all required data is submitted to the county)			

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