



Eau Claire County
Department of Planning and Development
 Eau Claire County Courthouse
 721 Oxford Avenue, Room 3344
 Eau Claire, Wisconsin 54703
 (715) 839-4741

Office Use Only

Date Accepted:	
Accepted By:	
Receipt Number:	
CSM Number:	

Please submit to: landuse@eauclairecounty.gov

CERTIFIED SURVEY MAP (CSM) APPLICATION

Property Owner Name:	Phone #:
Mailing Address:	
Email Address:	
Agent:	Phone #:
Email Address:	

Site Information

Township of: _____

Computer #(s): _____

PIN #(s): _____

Existing Conditions:	Yes/No
1. Is there a mapped floodplain on the lot(s)? Has the base flood elevation been determined? (Supporting documentation required)	_____
2. Does shoreland zoning apply? (Lot within 300 feet of navigable river or stream, or within 1,000 feet of a lake or pond)	_____
3. Are steep slopes present on the lot(s)? (Slopes of 20% or greater)	_____
4. Are there wetlands mapped by the Wisconsin Department of Natural Resources?	_____
5. Is the proposed subdivision within an extraterritorial jurisdiction agreement area? Within 3 miles of the City of Eau Claire Within 1.5 miles of the City of Altoona Within 1.5 miles of the Village of Lake Hallie	_____
6. Is the subdivision in the Town of Pleasant Valley, Union, or Ludington in compliance with Town requirements? Has the Town approved the proposal?	_____
7. Has access been approved for all lots? (Town/County Highway Department/Wisconsin Department of Transportation)	_____
8. Date of original parcel/lot	_____
9. Name of owner(s) on recorded deed(s) associated with lot? _____	_____

New Lot Analysis:	Lot 1/Outlot 1	Lot 2/Outlot 2	Lot 3/Outlot 3	Lot 4/Outlot 4
1. Existing zoning district	_____	_____	_____	_____
2. New lot size	_____	_____	_____	_____
3. Proposed Lot Frontage (With Access)	_____	_____	_____	_____
4. Driveway and/or Intersection Access Permits (Provide permit # and/or supporting documentation)	_____	_____	_____	_____
5. Proposed lot depth/width ratio	_____	_____	_____	_____
6. Is there a soil boring approved by Health Department? Health Department Soil Boring Fee Chart (Please include with Health Department Submission)	_____	_____	_____	_____
7. Is there a public dedication associated with the proposal?	_____	_____	_____	_____

Agent Signature: _____ Date: _____

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Date Signed by Department: _____	CSM Review Fee: \$95 x _____ (# of Lots) = _____
Date Delivered to R.O.D. _____ By: _____	Mapping Fee: \$120 x _____ (# of Lots) = _____
Recorded Document # _____	Submittal Fee: \$245.00
C.S.M. # _____	TOTAL FEE: _____