

"In the Spirit of Town Government"

TOWN OF BUCHANAN N178 COUNTY RD N, APPLETON, WI 54915 Phone: (920) 734-8599 Fax: (920) 734-9733

APPLICATION FOR: MINOR LAND DIVISION

Application Date:	
When submitting the required Certifice the Town of Buchanan Subdivision of	ed Survey Map for a Minor Land Division, all items required in Article IV of Land Ordinance must be submitted.
Administrator after approval by the To	ate and approval signature of the Town of Buchanan Chairperson and own Board in accordance with Chapter 236.21(3) Wisconsin Statutes, shall be ng, unless additional approvals are necessary for dedication purposes.
Applicant Name:	
City/State/Zip:	
E-Mail Address:	Phone:
Land Owner Name:	
Mailing Address:	
City/State/Zip:	
Engineer/Surveyor (if applicable) Name:	
City/State/Zip:	
E-Mail Address:	Phone:
Legal Description of Property: _	(Parcel No. or platted Subdivision Name with Lot No.)
Current Zoning District:	

□ NO

Conservation CSM: U YES

Statement of Purpose for Minor Land Division:		
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		his form, along with any submitted documents, are COMPLETE,
		igned is authorized to make this application. I understand that titute approval, and incomplete applications will result in delays
and possible denial.		titute approvar, and incomplete applications will result in delays
1		
Signature of Applicant		Date
OFFICE USE ONLY	File No.:	
	Date Filed:	
	Fee Paid:	