

W2004 County Road S - PO Box 1007 - Freedom, WI 54131 920-788-4548 phone - 920-788-7550 fax deputyclerk@townoffreedom.org - www.townoffreedom.org

Final Plat Review Application (Submit 15 copies of Drawings)

Property Owner (s):			
Phone:	Fax:	E-M	lail:
Applicant (if other th	an Owner):		
Check: Architect	Engineer	Surveyor Attori	ney Agent
Address/City/Zip:			
Phone:	Fax:	E-M	lail:
I/we certify the attached dra	awings are to the b	oest of my/our knowledge co	omplete and drawn in accordance with all codes.
Owner Signature:	re: Date:		
Applicant Signature: _	Date:		
Surveyor (if other tha	an Owner or A	pplicant):	
Surveyor:	Registration No.:		
Address/City/Zip:			
Phone:	Fax:	E-M	lail:
Plat Title:			
No. of Lots:	Total Acreage	e: Tax Ke	y No.(s):
Legal Description:			
		For Town Use Only	
ee: <i>F</i>	Acct No:	Receipt:	Date:
Date Rec'vd Complete:	·	By:	Applic. No.:
15 Copies (three 36x48	3 and twelve 11	x17) Submitted: Yes_	No
Review by Plan Comm	ission:		
Recommendation to: A	pprove	Approve with Cond	itions Deny
Review by Town Board	d:		
			Denied
Developers Agreement	Signed: Yes_	No	
Filed within 36 months	of Prelim: Yes_	No	
Comments:			