



W2004 County Road S - PO Box 1007 - Freedom, WI 54131  
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[clerk@townoffreedom.org](mailto:clerk@townoffreedom.org) - [www.townoffreedom.org](http://www.townoffreedom.org)

**Certified Survey Map Application  
(Submit 15 copies of Drawings)**

**Property Owner(s):** \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Applicant (if other than Owner):** \_\_\_\_\_

Check: Architect \_\_\_ Engineer \_\_\_ Surveyor \_\_\_ Attorney \_\_\_ Agent \_\_\_

Address/City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I/we certify the attached drawings are to the best of my/our knowledge complete and drawn in accordance with all codes.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Surveyor (if other than Owner or Applicant):**

Surveyor: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Survey Specifics:**

Describe the reason for the Certified Survey Map: \_\_\_\_\_

\_\_\_\_\_

Tax Key No.(s): \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

**For Town Use Only**

Fee: _____	Acct No: _____	Receipt: _____	Date: _____
Date Rec'vd Complete: _____	By: _____	Applic. No.: _____	
Review by Plan Commission: _____			
Recommendation to: Approve _____	Approve with Conditions _____	Deny _____	
Review by Town Board: _____			
CSM is: Approved _____	Approved with Conditions _____	Denied _____	
Comments: _____			
_____			