



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

**Preliminary Plat Review 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: _____

Plat Title: _____

No. of Lots: _____ Total Acreage: _____ Tax Key No.(s): _____

Legal Description: _____

For Town Use Only

Fee: _____ Acct No: _____ Receipt: _____ Date: _____

Date Rec'vd Complete: _____ By: _____ Applic. No.: _____

15 Copies (three 36x48 and twelve 11x17) Submitted: Yes _____ No _____

Developers Agreement Submitted: Yes _____ No: _____

Review by Plan Commission: _____

Recommendation to: Approve _____ Approve with Conditions _____ Deny _____

Review by Town Board: _____

Preliminary is: Approved _____ Approved with Conditions _____ Denied _____

Comments: _____
