

Village of
Birchwood PO
BOX 6
101 N. Main Street
Birchwood, WI
54817



Phone: (715) 354-3300
Fax: (715)354-7500
ashley@birchwoodvillagewi.co
m

Village of Birchwood

Land Division/Combining Application

Application Information

Property Owner:

_____ Phone:

Contractor/Agent: _____

Phone: _____

Mailing Address:

Mailing Address: _____

Email: _____

Email:

Surveyor:

Mailing Address:

Email: _____ Phone: _____

Site Location

Total Acreage: _____ Size of original parcel: _____ Number of Lots

Legal Description:

Zoning District: R1 R2 C-1 CBD RD CS I-1

Current Use of Property:

Existing Use Surrounding Property:

Proposed Use

Divide property into ____ lots (indicate number)

Proposed zoning change: _____

The lots are being changed to accommodate single homes duplex commercial industrial

Water/Sewer will be supplied by: village service well/septic/holding tank

Are there separate laterals for each lot? yes no (parcels cannot share laterals)

The division of the parcel provides access to an existing public road by:

each new division has frontage on an existing public road. Name road:

a new public road, proposed road name: _____

a new private road, proposed road name: _____

Easements for driveway or ROW purposes: _____

You may either provide a preliminary draft (Certified Survey Map) of the proposed plat or use the box below to sketch your proposed preliminary plat.

I have reviewed Ordinance Article II – Procedure for Submitting Subdivisions and understand the approval process. I attest the information contained in this application is true and correct to the best of my knowledge.

Property Owner Signature: _____ Date: _____

Agent/Contractor Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Permit #

Date Paid: _____ Receipt #

Reasoning (if applicable):
Permitted: Yes ____ No ____

Administration Fee: \$25.00
Land Division/Combining Fee:
\$50.00 first lot plus \$25 additional lots