



City of Onalaska, Department of Planning & Zoning, 415 Main Street, Onalaska, WI 54650

SUBDIVISION APPLICATION - PRELIMINARY PLAT

The following checklist will ensure the timely processing of your application:

➔ **Overview/ Cover Letter Describing the following:**

- ▶ Detailed Description of Proposed Subdivision
- ▶ Plan Set which satisfies all criteria as listed on the Preliminary Plat Checklist

➔ **Application Fee** (Payable to the City of Onalaska) = \$200.00 + \$25.00/parcel. Other fees may apply.

If incomplete, no further processing of the application will occur until the deficiencies are corrected.

Brief Description of Request for Subdivision - Preliminary Plat.

Easements on Properties:

- Access: Yes No
 Utility: Yes No
 Other: _____

Utilities Serving Properties:

- Water: Yes No
 Sanitary Sewer: Yes No

Number of Parcels: _____
(Proposed)

Property Address: *If multiple, include in cover letter.

Parcel Number:
18-

Zoning District:

Business:

Owner/Contact:
 Mailing Address:
 City, State, Zip:
 Phone Number:
 Email: Primary Contact

Applicant:

Mailing Address:
 City, State, Zip:
 Phone Number:
 Email: Primary Contact

Property Owner:

Contact:
 Mailing Address:
 City, State, Zip:
 Phone Number:
 Email: Primary Contact

The undersigned hereby makes an application for the location stated herein. The undersigned agrees that all work shall be done in accordance with the requirements of the City of Onalaska Unified Development Code / Zoning Ordinance and with all other applicable City Ordinances and the laws and regulations of the State of Wisconsin.

Signature of Applicant:

Date:

Signature of Property Owner:

Date:



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SUBDIVISION APPLICATION - FINAL PLAT

The following checklist will ensure the timely processing of your application:

➔ **Overview/ Cover Letter Describing the following:**

- ▶ Detailed Description of Proposed Subdivision
- ▶ Plan Set which satisfies all criteria as listed on the Final Plat Checklist

➔ **Application Fee** (Payable to the City of Onalaska) = \$150.00 + \$10.00/parcel. Other fees may apply.

If incomplete, no further processing of the application will occur until the deficiencies are corrected.

Brief Description of Request for Subdivision.

Easements on Properties:

- Access: Yes No
 Utility: Yes No
 Other: _____

Utilities Serving Properties:

- Water: Yes No
 Sanitary Sewer: Yes No

Number of Parcels: _____
(Proposed)

Property Address: *If multiple, include in cover letter.

Parcel Number:
18-

Zoning District:

Business:

Owner/Contact:
 Mailing Address:
 City, State, Zip:
 Phone Number:
 Email: Primary Contact

Applicant:

Mailing Address:
 City, State, Zip:
 Phone Number:
 Email: Primary Contact

Property Owner:

Contact:
 Mailing Address:
 City, State, Zip:
 Phone Number:
 Email: Primary Contact

The undersigned hereby makes an application for the location stated herein. The undersigned agrees that all work shall be done in accordance with the requirements of the City of Onalaska Unified Development Code / Zoning Ordinance and with all other applicable City Ordinances and the laws and regulations of the State of Wisconsin.

Signature of Applicant:

Date:

Signature of Property Owner:

Date: