### **Certified Survey Map**

### **Approval Process: Approx. 4-6 Weeks**



### **Step 1: Pre-application Staff Meeting**

Although not always required, it is recommended the applicant meet with the Planning Director to discuss the proposed request. This step is intended to explain to the applicant the purpose of the regulations and to informally reach mutual conclusions regarding the objectives of the proposed project.

#### **Step 2: File Application Materials**

The applicant submits a completed application form, the proposed Certified Survey Map (CSM), other necessary materials if needed, and a \$250 application fee (\$275 if the CSM is dedicating public land or way). A submitted CSM must be prepared by a registered land surveyor on legal sized paper and contain all required owner signatures and notary.

Upon receipt of the necessary materials, the Planning Director will place the item on the agenda for the next available Plan Commission meeting. The application deadline for getting on the Plan Commission meeting agenda is thirty (30) days prior to the meeting. The Plan Commission meets on the third Thursday of the month, at 6:00 p.m. in the council chambers of City Hall.

#### Step 3: Staff Review

City staff will provide a technical review of the request and the submitted information to identify conformity to the City of Port Washington Zoning Code and Subdivision Control Ordinance. If extensive changes are required or more information is needed to adequately review the application (e.g., additional plans or engineering studies), the application may be rescheduled to a later Plan Commission meeting date to allow time for the necessary work to be completed. If deficiencies are minor, the item will be scheduled for a Plan Commission meeting, subject to revised plans being submitted seven (7) working days prior to the meeting.

#### **Step 4: Plan Commission Action**

The Map shall be reviewed by the Plan Commission for conformance with the subdivision control ordinance, zoning ordinance and all other ordinances that affect it. The applicant should attend this meeting and be prepared to present the request and answer questions from the Plan Commission. Public statements will be allowed at this meeting. The Plan Commission shall, within forty-five (45) days from the date of filing of the Map either approve, conditionally approve, or reject said Map. If the Map is rejected, the reasons therefore shall be stated in the minutes of the meeting and a written statement forwarded to the subdivider.

Note: If the Certified Survey Map includes the dedication of land for a street right-of-way, park, or other public purpose, then the map will also require approval by the Common Council. Following Plan Commission review and recommendation, the Commission will refer the CSM to the next available Common Council meeting for final action.

#### Step 6: Recording of CSM

The City of Port Washington shall gather the required City signatures and record the Certified Survey Map with the Ozaukee County Register of Deeds within thirty (30) days of its approval by the Plan Commission.

After the recording information is received from the Register of Deeds, the City of Port Washington Planning Department will notify the applicant and send an electronic copy (pdf) of the approved CSM to the email address provided on the application.

# **Certified Survey Map Submittal Checklist**

□ Completed Pre-Application Meeting
□ Application payment - \$250 (\$275 if Public Dedication) (Mailed or Dropped off)
□ One (1) professionally prepared Certified Survey Map

Submittal: All application materials can be submitted via email to: <a href="mailto:rharris@portwashingtonwi.gov">rharris@portwashingtonwi.gov</a>



### **PLAN COMMISSION APPLICATION**

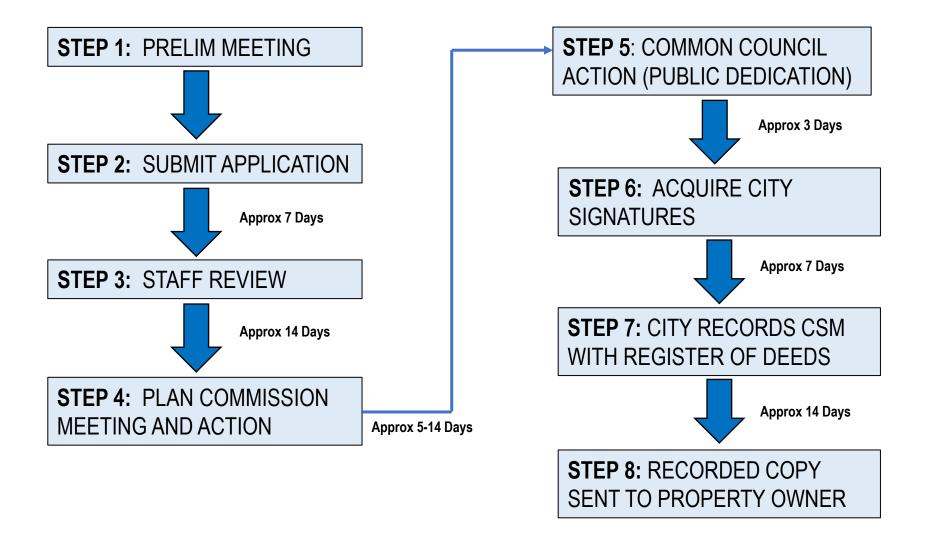
Date Received:	Check Number:		Amount:	(For Office Use Only)	
□ Plan Concept Review □ Preliminary Plat Review □ Final Plat or Condo Plat Review □ Planned Development Overlay □ Certified Survey (w/o dedication) □ Certified Survey (with dedication)	\$300.00 550.00 250.00 300.00 250.00 275.00		Awning Review Special Exception or M Business, Site, and Ope Conditional Use Grant Zoning Text or Map An Annexation	rational Plan	\$ 50.00 250.00 / 100.00 450.00 300.00 250.00 300.00
Description of Proposed Request:					
Property Address:			Tax Key: 16		
Owner's Name:			Phone:		· · · · · · · · · · · · · · · · · · ·
Fax: F	Email:				
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Applicant's Name:		]	Phone:		
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Mailing Address:					
Relationship to Owner:					
***Digital Copies of your plans are					
In making this application, I (we) acknown at a public meeting, that I (we) or a reprorder to provide information and answedesire to attend. I (we) also grant perminspect the subject property at any reason and to post public hearing notices if requirements.	owledge that the Plan resentative on my (or er questions, and tha ission to any City of onable time to consid	n Comm ur) beha t the me Port Wa	ission will review the cor alf will be expected to att beting will be open to all i ashington official or repr	ntents of this apend the public interested pers	oplication meeting in ons who nter and
Signature of Applicant:			Date:		
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City of Port Washington, 100 West Grand Avenue, P. O. Box 307, Port Washington, WI 53074-0307. Any questions, please contact City Plan Bob Harris at 262-284-2600 (email: rharris@portwashingtonwi.gov) or his assistant, Judy Klumb at 262-284-2600 (email: jklumb@portwashingtonwi.gov).

Revised 03/2022

## CITY OF PORT WASHINGTON CERTIFIED SURVEY MAP PROCESS

Estimated Time for Approval: 4-6 Weeks





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