CITY OF HUDSON, WI

Application for **SUBDIVISION SUBMITTAL & REVIEW**
(As per Municipal Code §§ 254-10, 255-85, 255-88 and 255-89)

Date _____

Applicant Name _____

Mailing Address _____

_____

Phone/Fax Number _____

email _____

Project Name _____

Project Location _____

_____

_____

		FILING FEE	REVIEW DEPOSIT
_____	Certified Survey Map	$ 50.00/lot	$ 100.00
_____	Pre-preliminary Plat	25.00 + 2.00/lot	1,500.00
_____	Reapplication Pre-pre	10.00	
_____	Preliminary Plat	50.00 + 4.00/lot	1,500.00*
_____	Reapplication Pre	10.00	
_____	Final Plat	15.00 + 1.00/lot	1,500.00*
_____	Reapplication Final	5.00	

Number of lots/outlots proposed_____

Total Payment $_____ $_____

*Not required if paid with pre-preliminary or preliminary plat submittal.

Number of plan copies to be submitted are seven (7) 24" by 36" and one (1) 11" by 17".

_____
Applicant

Application #_____ Receipt #_____ Date_____

5/16/05
FORMS\APPSUB