

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 _____