



## Certified Survey Map (Minor Land Division)

Application to the Village of Wrightstown

352 High Street

Wrightstown, WI 54180

File Date_____	Plat Title_____
# Of Lots_____ # Of Outlots_____	Tax Key #(s)_____
Total Acreage_____	Zoning_____
Property Owner(s)_____	Telephone_____
Address_____	City/State/Zip_____
Applicant_____	
Check: _____Surveyor _____Engineer _____Developer _____Architect _____Agent _____Other	
Address_____	City/State/Zip_____
Telephone_____	Fax_____
Surveyor_____	Telephone_____
Registration Number_____	Fax_____
Legal Description of Land Being Platted_____	
_____	
_____	
Reason For Change_____	
_____	
_____	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner or  
Owner's Designated Agent

\_\_\_\_\_  
Print Name of Property Owner or  
Owner's Designated Agent