



W2004 County Road S - PO Box 1007 - Freedom, WI 54131  
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**Certified Survey Map Application  
(Submit 15 copies of Drawings)**

**Property Owner(s):** \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Applicant (if other than Owner):** \_\_\_\_\_

Check: Architect \_\_\_ Engineer \_\_\_ Surveyor \_\_\_ Attorney \_\_\_ Agent \_\_\_

Address/City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I/we certify the attached drawings are to the best of my/our knowledge complete and drawn in accordance with all codes.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Surveyor (if other than Owner or Applicant):**

Surveyor: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Survey Specifics:**

Describe the reason for the Certified Survey Map: \_\_\_\_\_

\_\_\_\_\_

Tax Key No.(s): \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

**For Town Use Only**

|                                  |                                |                    |             |
|----------------------------------|--------------------------------|--------------------|-------------|
| Fee: _____                       | Acct No: _____                 | Receipt: _____     | Date: _____ |
| Date Rec'vd Complete: _____      | By: _____                      | Applic. No.: _____ |             |
| Review by Plan Commission: _____ |                                |                    |             |
| Recommendation to: Approve _____ | Approve with Conditions _____  | Deny _____         |             |
| Review by Town Board: _____      |                                |                    |             |
| CSM is: Approved _____           | Approved with Conditions _____ | Denied _____       |             |
| Comments: _____                  |                                |                    |             |
| _____                            |                                |                    |             |