

REQUEST FOR REVIEW OF CERTIFIED SURVEY MAP (CSM)

Request will not be placed on an agenda until at least 20 days after receipt of all required forms, fees and documents

Property Owner(s) Name(s): _____

Property Owner(s) Address: _____

Property Owner(s) Contact Info: **Home Phone:** _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Property Location: Section: _____, **Town:** 10N, **Range:** 8E, **Road** _____

Current Zoning of Property: _____ **Acres:** _____

Reason for preparation of CSM: _____

CSM prepared by: Name: _____

Company: _____

Address: _____

Phone: _____ **Fax:** _____

See notice on page 2

NOTICE PER TOWN OF LODI CODE OF ORDINANCES:

Costs of Application Reviews

All reasonable costs incurred by the Town or its Agents in the course of reviewing any application shall be borne by the Applicant. This includes the original application fee, and may include any actual costs incurred by the Town it deems necessary for engineer, building inspector, legal, administrative or fiscal work relating to that application.

The Applicant shall pay the Town all fees required and at the times specified (within 15 days of each billing by the Town Clerk-Treasurer, unless otherwise indicated). In the event fees are not timely paid, the Town shall not be required to take any action with respect to the application. Non-payment of fees shall be deemed sufficient cause for rejection of the application.

FOR OFFICE USE ONLY:

Date CSM received: _____

Fee Paid: _____

Receipt #: _____

Date(s) on Plan Commission agenda: _____

Date of Public Hearing (if applicable): _____

Date on Town Board agenda: _____
