

CERTIFIED SURVEY REVIEW

I. GENERAL INFORMATION -

Name of Applicant _____ Date Received _____

Location _____

(Partial Section, Section, Township Name)

Tax Parcel Number _____

Road Length (Per Gas Tax Maps) _____ Lots created last 5 years _____

II. SURVEY REVIEW -

The following items appearing on the survey have been checked and found to conform with State and County requirements:

Name of Survey	<input type="checkbox"/>	Location	<input type="checkbox"/>
Name of Adjacent Streets	<input type="checkbox"/>	Exterior Boundaries	<input type="checkbox"/>
Easements	<input type="checkbox"/>	Lot and Block Numbers	<input type="checkbox"/>
Shore Meander Lines	<input type="checkbox"/>	Centerlines of Roads	<input type="checkbox"/>
Chords	<input type="checkbox"/>	North Point, Scale, Date	<input type="checkbox"/>
Area of each Parcel	<input type="checkbox"/>	Certificates and Affidavits	<input type="checkbox"/>
Monuments & Markers	<input type="checkbox"/>	Zoning	<input type="checkbox"/>

III. EFFECTS OF SURVEY ON PLANNING AND ORDINANCES -

General Zoning - Shoreland Zoning - Setback Ordinance - Sanitary Ordinance - Existing Land Use. (Indicate any conflict that might occur with the certified survey and any of the above.)

General Zoning _____ Shoreland Zoning _____

Existing Land Use _____

V. ADDITIONAL COMMENTS -

Reviewed by _____ Recommendation _____