MINOR LAND DIVISION
LETTER OF INTENT FORM

Town of Beaver Dam
W8560 County Road W
Beaver Dam, WI 53916
920-887-0791 x15
Lua@bdtown.org
www.townofbeaverdam.org

Application Fee $150 + $25 per Lot

NAMES & MAILING ADDRESSES	PROPERTY DESCRIPTION						
Applicant (Agent)	Parcel Identification Number (PIN)						
Street Address	Town				T N	R E	
City • State • ZipCode		1/4	1/4	Section	Acreage of Parent Parcel	Acreage of Proposed Lot(s)	
Property Owner (If different from applicant)	Subdivision (Name, lot and block) or CSM # (Volume/Page/Lot)						
Street Address	Site Address Of Property (**DO NOT** Include City/State/ZipCode)						
City • State • ZipCode	Is this property connected to public sewer? ☐ Yes ☐ No						

CONTACT PERSON

Name and daytime phone number (include area code) of a person we can contact if we have any questions about your application.

Name _____   Daytime Phone (_____) _____-_____

CURRENT PROPERTY USE	PROPOSED USE
☐ Vacant Property	☐ Single Family Residential
☐ Single Family Residential	☐ Duplex (Two-family Residential)
☐ Duplex (Two-Family Residential)	☐ Multi-Family Residential
☐ Multi-Family Residential	• Number of residential units: _____
• Number of residential units: _____	☐ Agricultural Use Only – No residential structures
☐ Active Working Farm Operation	☐ Open Space Recreational / Wetlands - No residential structures
☐ Recreational / Wetlands / Wooded Parcel	☐ Business / Industrial / Commercial Use (Describe Below)
☐ Business / Industrial / Commercial Use (Describe Below)	☐ Other (Describe Below)
☐ Other (Describe Below)	
_____	_____
_____	_____

A SKETCH PLAN SHOWING THE PROPOSED LAND DIVISION IS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION.

CERTIFICATE

I, the undersigned, hereby apply for Minor Land Division approval and certify that all the information both above and attached is true and correct to the best of my knowledge. I hereby authorize members of the **Town of Beaver Dam Plan Commission**   to enter the above-described property for purposes of obtaining information pertinent to my request.

Signature _____   Date _____

Daytime Contact Number (_____) _____-_____