

## **CITY OF DE PERE**

## **APPLICATION FOR CSM REVIEW**

Fee:	\$ 375.00
Receipt #:	
Date:	

Read all instructions provided before	e completing. If addition	onal space is needed, attach	additional pages. Type	e or use black ink.			
SECTION 1: Applicant / Permittee	Information						
Applicant Name (Ind., Org. or Entity)		ed Representative	Title	Title			
Mailing Address			State	ZIP Code			
Email Address	Phone N	umber (incl. area code)	Fax Number (incl.	Fax Number (incl. area code)			
SECTION 2: Landowner Information (complete these fields when project site owner is different than applicant)							
Name (Ind. Org. or Entity)	Contact	Person	Title	Title			
Mailing Address	City		State	ZIP Code			
Email Address	Phone N	umber (incl. area code)	Fax Number (incl.	Fax Number (incl. area code)			
SECTION 3: Project or Site Location							
Project Address/Description			Parcel No.				
SECTION 4: CSM Information							
Existing Zoning:							
Present Use of Parcel:							
Proposed Use of Lots:							
Please submit 1 hard copy and 1 PDF copy of the CSM if the property is located within the City or if the property is located within the extraterritorial jurisdiction.							
SECTION 5: Certification and Permission							
<b>Certification</b> : I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this Permit Application. I certify that the information contained in this form and attachments is true and accurate. I certify that the project will be in compliance with all permit conditions. I understand that failure to comply with any or all of the provisions of the permit may result in permit revocation and a fine and/or forfeiture under the provisions of applicable laws.							
<b>Permission:</b> I hereby give the City permission to enter and inspect the property at reasonable times, to evaluate this notice and application, and to determine compliance with any resulting permit coverage.							
Name of Owner/Authorized Represe	ntative (please print)	Title	Phone Number				
Signature of Applicant			Date Signed				

TO BE COMPLETED BY CITY STAFF				
CSM Review authorized by the De Pere Municipal Code, Chapter 46.				