



Town of Grand Rapids

Certified Survey Map Review

Application Fee \$30

FOR OFFICE USE ONLY

Date Received:	Date Paid:	Permit #:
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LANDOWNER INFORMATION

Name:	Address, City State, and Zip:	
Phone Number:	Secondary Phone Number:	Email Address:

LAND DIVISION

Number of New Lots:	Number of New Homes:	Est. Additional Population:
Local Zoning:	Road Bond of:	Road Bond Received:
Black Topping Required by:	Black Topping Completed on:	Road Approved on:

COMBINED LOTS

Original Parcel Numbers		
New Parcel Number:	Local Zoning:	Parcel Size:

SURVEYOR INFORMATION

Business Name:	Address, City State, and Zip:	
Phone Number:	Secondary Phone Number:	Email Address:

Surveyor Map

- | | |
|--|--|
| <input type="checkbox"/> Legal Description | <input type="checkbox"/> Lands reserved for future acquisition by town |
| <input type="checkbox"/> Scale, north arrow, distances, bearings | <input type="checkbox"/> Vision triangles |
| <input type="checkbox"/> Owner & surveyor names | <input type="checkbox"/> Setbacks from r-o-w, shoreline |
| <input type="checkbox"/> Slopes, boundaries, filling or lagooning | <input type="checkbox"/> Lot layout, widths, depths |
| <input type="checkbox"/> Existing buildings & Septic Systems | <input type="checkbox"/> Adjacent land uses |
| <input type="checkbox"/> Drainage ditch easements, floodplain, water courses | <input type="checkbox"/> Road connections |
| <input type="checkbox"/> Soils, perc test | <input type="checkbox"/> Street names |
| <input type="checkbox"/> Road dedications | |

Applicant (Sign): _____ Print: _____ Date: _____

PLAN COMMISSION ONLY

Commission Notes: _____ _____ _____
Approved _____ Denied _____ Plan Commission Chairperson: _____ Date: _____