

Village of Cambridge
Certified Survey Map Application
Due 10 days prior to Plan Commission Meeting

Application Date: _____

Agenda Date Requested: _____

Property Owner:

Owner's Agent:

Name: _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Fax Number: _____

Fax Number: _____

Tax Key Number: _____

Location: _____

Zoning: _____ Proposed: _____ Subdivision: _____ # Lots: _____ Proposed: _____

PUD For: _____ Special Use For: _____ Land Use: _____

Variation: _____ Land Use Plan: _____ Proposed: _____

Site Gross Area: _____ # of Units Total: _____ 1Br__ 2Br__ 3Br__ 4Br__

Action Requested (check all that apply):

- Site Plan and Architectural Review / Plan of Operations
- Conditional Use Permit
- Rezone
- Land Use Amendment
- Preliminary Plat
- Final Plat
- Certified Survey Map
- Project Concept Review
- Conceptual Land Division
- Joint Conditional Use & Rezoning
- Joint Rezoning & Certified Survey Map

Describe in detail the proposal: _____
