



Application for Certified Survey Map

Applicant Name: Racine Unified School District

Address: 3109 Mt. Pleasant St. city: Racine

State: WI Zip: 53404

Telephone: 262-635-5600 Cell Phone: _____

Email: info@rusd.org

Agent Name: Peter Reynolds

Address: 3109 Mt. Pleasant St. city: Racine

State: WI Zip: 53404

Telephone: 262-635-5600 Cell Phone: _____

Email: peter.reynolds@rusd.org

Property Address (Es): 930 Dr. Martin Luther King Dr.

Current Zoning: Educational Institution

Current/Most Recent Property Use: School / Elementary

Proposed Use: _____

Property Legal Description: _____





If the required supplemental materials, which constitute a completed application, are not submitted, the application will not be processed.

Required Submittal Format


1. An electronic submission via email/USB drive/CD/Download link; and
2. One (1) paper copy, no larger than 11" x 17" size.


Required Submittal Item	Applicant Submitted	City Received
1. CSM Review Application	<input checked="" type="checkbox"/>	
2. Legal Description of Property	<input checked="" type="checkbox"/>	
3. Written description of why lots are being divided.	<input type="checkbox"/>	
4. Zoning Analysis Table (per lot) <ol style="list-style-type: none"> a. Land area (in acres and square feet) b. Building area (in square feet) c. Setbacks (required yards in feet) d. Floor Area Ratio (building area divided by lot area) e. Lot Coverage (building footprint divided by lot area) f. Percentage of greenspace (landscaped areas divided by lot area) g. Details of existing parking areas 	<input checked="" type="checkbox"/>	
5. Engineering Plan <ol style="list-style-type: none"> a. Stormwater Plan (Drainage pattern, flow, detention) b. Existing and proposed roadway and access configurations c. Cross access 	<input type="checkbox"/>	
6. Full Size CSM Drawings (3)	<input checked="" type="checkbox"/>	
7. Review Fee	<input type="checkbox"/>	

Acknowledgement and authorization signatures

The approval may contain conditions related to the plat document itself or other technical discrepancies not addressed by the submittal. Any condition of approval must be adhered to if the City is to execute the plat document prior to recording.

The signature(s) hereby certify that the statements made by myself and constituting part of this application are true and correct. I am fully aware that any misrepresentation of any information on this application may be grounds for denial of this application.

Owner Signature (acknowledgement and authorization):  Date: 5/30/24

Applicant Signature (acknowledgement):  Date: 5/30/24