

**PRELIMINARY PARCEL DIVISION / TRANSFER INQUIRY
TOWN OF YORK**

Complete this form and return it and attachment to: York Town Clerk
N8791 York Center Rd.
Blanchardville, WI 53516

Name of land divider (current owner) of land proposed for division/transfer:

Address: _____

Phone: day (_____) _____ evening (_____) _____

E-mail address: _____

Name of divider (applicant) if different from current owner:

Address: _____

Phone: day (_____) _____ evening (_____) _____

E-mail address: _____

Description of land proposed for division/transfer:

Section: _____ Parcel number(s): _____

Intended use of land: _____

Status of perc test(s): _____

Proposed number of dwelling unit allotments _____

ATTACH A PLAT MAP OR CSM OF THE PROPOSED DIVISION/TRANSFER WITH ALL INFORMATION AS REQUIRED IN THE Town of York LAND DIVISION ORDINANCE, SECTS. 9 or 11.

Applicant's signature: _____ Date _____

This form will be presented to the Town of York Plan Commission for review and approval before it is submitted to the Town Board. You will be notified of the status of your inquiry.

Plan Commission recommendation: _____

Board approval: _____ Chairman: _____

Date: _____

Please note: This form is for administrative use solely by the Town of York. It is recommended that the dwelling unit allocations be recorded on a legal document filed with the Register of Deeds.