

APPLICATION FOR PRELIMINARY PLAT APPROVAL

Application No. _____

Date _____

1. Name of Applicant (owner of record) _____

Address _____

Phone _____

2. Name of Surveyor or Engineer _____

Address _____

Phone _____

3. Name of Subdivision _____

4. Locational Description: Tax Lot or other identification _____

(In addition, please attach copy of legal description)

5. Proposed Use _____

6. Present Zoning District _____

7. Proposed Zoning Changes _____

8. Number of Lots _____ Smallest lot: No. _____ Sq. ft. _____ Area of Tract _____

9. Do you propose deed restrictions? Yes _____ No _____

10. What type of sewage disposal do you propose? _____

11. List all proposed improvements and utilities
Improvement

Item

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

- _____
- _____
- _____
- _____
- _____

12. Waivers requested from plat or design requirements.

Section Number	Item
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

13. List other materials submitted with this application.

Item
a. _____
b. _____
c. _____
d. _____
e. _____
f. _____

Signature of Applicant

Signature of Engineer or Surveyor

FOR OFFICIAL USE

Date Received _____ Received by: _____

Date of Meeting of Planning Commission _____

Action by Planning Commission _____

8)

If plat was rejected, reason(s) for rejection _____

Waviers approved (if any) _____

Date _____

Chairperson of Planning Commission