



Subdivision - Minor, Recombination, Lot Line Adjustment Plat Review

Applicant/Agent Name:	Property Owner:
Mailing Address:	Mailing Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
Email:	Email:

Property/Project Information

Subdivision Name:	Property PIN (Tax id #):
Parcel size (total acreage)	Zoning District: Flood Hazard Area Y/N? (Please circle one.)
Total Number of Lots:	Does subdivision plat propose city streets? (Yes or No)
Proposed Water System: Public (City)	Private _____
Proposed Wastewater System: Public (City)	Private _____
Applicant Signature: _____	Date: _____
PLANNING DEPARTMENT USE ONLY:	
Application Received _____ Plat Review Fee Paid \$ _____ Receipt # _____	
Plat Recorded: Date: _____ File # _____ Slide# _____	