PLAT APPLICATION

PROJECT

- ❑ Single-Family Residential (Final)
- ❑ Multi-Family Townhome(Final)
- ❑ Multi-Family Condominium(Final)
- ❑ Minor Plat (3 or less lots)
- ❑ Preliminary Plat
- ❑ Initial Plat Application
- ❑ Revision to Existing Plat
- ❑ Other (please describe)
- ❑ Change of Address from _____

Name of Project or Subdivision (Note name of Former Subdivision, if any) Phase #

Location Description LL District

Number of Lots or Units Area (acres) Zoning

APPLICANT

Developer Name

Company

Mailing Address Suite/Apt. # City State Zip Code

Phone Cell Phone Fax Phone E-mail

CONTACT

Contact Name (24-hour Contact: Owner's Agent / Project Manager / Project Engineer)

Company

Contact Mailing Address City State Zip Code

Phone Cell Phone Fax Phone E-mail

Applicant PRINTED name

Applicant SIGNATURE: Property owner or owner's representative Date: _____

I hereby certify that all information provided herein is true and correct