



PLAT APPLICATION

TYPE OF PLAT									
<input type="checkbox"/>	Amending Plat	<input type="checkbox"/>	Preliminary Plat	<input type="checkbox"/>	Final Plat	<input type="checkbox"/>	Minor Plat	<input type="checkbox"/>	Replat

PROPERTY INFORMATION	
Address (if available):	_____
Legal Description:	_____
Zoning Classification:	_____
Current Property Use:	_____
Reason for Plat Application:	_____ _____
Proposed Subdivision Name:	_____
Existing Deed Restrictions:	<input type="checkbox"/> Yes (Attach a copy with the application) <input type="checkbox"/> No
Proposed Deed Restrictions:	<input type="checkbox"/> Yes (Attach a copy with the application) <input type="checkbox"/> No

APPLICANT INFORMATION					
Applicant Name:	_____				
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Phone Number:	_____	Email:	_____	Fax:	_____

OWNER INFORMATION					
Owner Name:	_____				
Address:	_____				
City:	_____	State:	_____	Zip:	_____
Phone Number:	_____	Email:	_____	Fax:	_____

SURVEYOR INFORMATION					
Firm Name:	_____				
Surveyor Name:	_____				
City:	_____	State:	_____	Zip:	_____
Phone Number:	_____	Email:	_____	Fax:	_____



PLAT APPLICATION

PROPERTY OWNER OR AUTHORIZED APPLICANT ACKNOWLEDGEMENT

I acknowledge under penalty of perjury that I am the legal owner of the property described in the application or, alternatively, that I am authorized to represent all of the owners of the property described in this application.

State of: _____ County of: _____

This instrument was acknowledged before me on the _____
Day/Month/Year

By: _____

Signature of Notary Public

Signature of Applicant