



**Development and Inspections Division
COMMUNITY DEVELOPMENT AGENCY
PLAT REVIEW APPLICATION**

Project Name: _____ **Date:** _____

Description: _____

Tax Parcel #: _____ **Street Name:** _____

Owner **or Developer** : _____

Address: _____

City State Zip: _____ **E-mail:** _____

Contact: _____ **Phone:** _____

Surveyor: _____

Address: _____

City State Zip: _____ **E-mail:** _____

Contact: _____ **Phone:** _____

Number of Lots (Residential): _____ **Disturbed Acres:** _____ **Total Acres:** _____

Zoning Case # (if applicable): _____ **Hearing Date:** _____

Variance Case # (if applicable): _____ **Hearing Date:** _____

Submission Type:

- Final Plat Preliminary Plat
 Final Plat Revision Preliminary Plat Revision

Submission Sub-Type:

- Lot Combination Lot Reconfiguration Lot Split
 Subdivision Survey Zoning / Variance

Water Availability: Yes No County City _____

Sewer Availability: Yes No County City _____

Office Information (Do not write below the line above):

No. of Plat Sheets: _____ **No. of Lots** _____ **Fee Amount:** _____

Payment: Cash Check No: _____ **Project No:** _____