

Planning & Zoning
Department

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Application for Minor Plat Review

General Information:

Name in the Title Block on Plat (i.e. Project Name or who the plat was created for):

PIN(s):

Are there any restrictive covenants on this property that would prohibit or conflict with this plat / plan?

Yes _____ No _____

Contact Information (for questions from staff and return of minor plat / sketch plan):

Name:

Email Address / Telephone Number:

Type of Plat (Mark with an "X" below):

Subdivision:

Combination:

Boundary:

Reconfiguration (Lot line adjustment):

Easement:

Other:

STAFF USE ONLY:

of Plats _____

IS THIS A RESUBMITTAL: () YES () NO IF YES, SUBMITTAL # _____

Date Received: _____

Due Date: _____

Zoning District: _____

EG #: _____

Amount: _____

Taken By: _____

Check #/ Cash/ Credit Card: _____

Who else is involved? Code / SW / ENG

