

Plat Application



Request Date:

(Select One)

Final Plat

Replat

Minor Plat

Amending Plat

Final Plat with Construction Plans

(Select One)

Residential

Commercial

Subdivision Name: Name: _____ Lots & Blocks: _____ Number of Lots (If Residential): _____	R Number: _____ Acreage: _____
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Record Owner of Property/Agent* Printed Name: _____ Signature: _____ Address: _____	Primary Contact Date: _____ City: _____	Phone: (____) _____ Fax: (____) _____ Email: _____ State: _____ Zip: _____
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*Note: An Agent must furnish a signed "Letter of Authorization" from the owner when submitting this application.

Engineer/Surveyor Firm: _____ Representative Name (Print): _____ Address: _____	Primary Contact Date: _____ City: _____	Phone: (____) _____ Fax: (____) _____ Email: _____ State: _____ Zip: _____
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Applicant Printed Name: _____ Address: _____	Primary Contact Date: _____ City: _____	Phone: (____) _____ Fax: (____) _____ Email: _____ State: _____ Zip: _____
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