



COMMUNITY DEVELOPMENT AGENCY | DEVELOPMENT INSPECTIONS PLAT REVIEW APPLICATION

Project Name: _____ Date: _____

Description: _____

Tax Parcel # _____ Street Name: _____

Owner or Developer (select one): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Email: _____ Phone: _____

Surveyor: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Email: _____ 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 Final 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: _____

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Office Information

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

Payment: Cash Credit Card Check No: _____ Project No: _____