



## REPLAT APPLICATION

### PROPERTY OWNER/DEVELOPER INFORMATION

Name:		Contact Person:	
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

### ENGINEER/SURVEYOR INFORMATION

Company Name:		Contact Person:	
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

### PROPERTY INFORMATION

Current Legal Description	Block/Abstract:	Lot/Tract:	Addition/Survey:
Current Zoning:			Will a Zoning Change be requested? <input type="checkbox"/> YES <input type="checkbox"/> NO
If Zoning Change requested what will be proposed zoning?			Type of Development being proposed? <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> I <input type="checkbox"/> Other
Proposed Legal Description:	Block/Abstract:	Lot/Tract:	Addition/Survey:
Any Ordinance Waivers/ Variance Requests? <i>(provide letter of request(s))</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			Easement Required? <input type="checkbox"/> YES <input type="checkbox"/> NO
Total number of acres in plat?			Total numbers of parcels in plat?

I understand that I must provide eight (8) folded hard copies of the plat (18" x 24"), a copy in electronic format (pdf, tif, etc.), the preliminary/final plat application, and the required fee *(verify with P & Z Coordinator)*. I hereby certify that the information provided in this application is true and factual to the best of my knowledge. I further understand that the public hearing for this project will not be scheduled until the application fee has been paid and the plans have been reviewed and accepted by City staff to go before the P & Z Commission and the City Council for final approval.

Property Owner Signature:	Date:
Printed Name:	Title:

#### OFFICE USE ONLY

Fee:	Date Paid:	Receipt #:	
PZ #:	Ownership Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO	Taxes Paid: <input type="checkbox"/> YES <input type="checkbox"/> NO	Liens Paid: <input type="checkbox"/> YES <input type="checkbox"/> NO
P & Z Meeting Date:		City Council Meeting Date:	
Plat Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Approved: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date Plat Filed: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Instrument #: