



PLAT REVIEW APPLICATION

Applicant	Telephone:	:	Fax:
Address:			
Street	City	State	Zip Code
Owner:	Telephone:	;	Fax:
Address:			
Street	City	State	Zip Code
Location of Property:			
Address			
Current Zoning District	Curre	nt Land Use	
Description of Project:			
SUBMITTAL REQUIREMENTS (p. Names, Addresses and Phone no Owners Names, Addresses and Phone no Land Surveyor/Engineer Area Bounded By Description Total Gross Area Signature of Property Owner	numbers of all Preliminar Tog In S Pre Plat A Pre Plat S Final Plat Date Signs	Sequence Administrative Fee \$_ Surety \$ at Fee \$ mature of Applicant	Paid Paid
Request Submitted to Planning staff on_ Public Hearing Set for:	Advertised in Loc	cal Newspaper:	For Office Use
Planning Commission Action:			
Comments:			
Conditions Set:			
Planning division:		Date:	9/19