

FINAL PLAT APPLICATION

APPLICANT	Name		Phone
Address	City	State	Zip
OWNER	Name		Phone
Address	City	State	Zip
AGENT OR CONTRACTOR	Name		Phone
Address	City	State	Zip

Name of Plat

Assessor's parcel number:

Existing Zoning

Is any part of the project within following areas	<input type="checkbox"/> Historical Restoration Overlay District	<input type="checkbox"/> Wetlands	<input type="checkbox"/> Shoreline (within 100' of ordinary high water)
	<input type="checkbox"/> Resource Lands		
	<input type="checkbox"/> Steep/Unstable Slope		

I certify that to the best of my knowledge, the above information is a true and complete description of the proposed subdivision

Fee: \$1,000.00

Applicant's Signature

Owner's Signature

Application # _____

Date Received: _____

Fee Paid _____

Approved _____

Denied _____