



## Subdivision Application

**Office Use Only**

Date Received:	Fee Receipt #:	Zoning District:	Parcel #:
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**Applicant Information**

Name:	Phone:	Email:
Address, City, State, Zip:		
Applicant is      Owner      Authorized Representative/Other      (Describe):		

**Owner Information (If different from Applicant)**

Name:	Phone:	Email:
Address, City, State, Zip:		

**Project Information**

Subdivision Name:	Acres:
Residential:      Non-residential:	Land Use(s) currently:
Current Zoning District:	Street Frontages:
Legal Description:	
Narrative of Request (Attach additional pages if needed):	
Estimated Timeline for Request:	

**Type of Request**

Preliminary Plan (Fee = \$300)	Final Plat (Fee = \$150)	Re-plat (Fee \$150)	Parkland Dedication (If Applicable)
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**Fees**

Application Fee:	Total Fee:
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**SUBMITTAL VERIFICATION AND INSPECTION AUTHORIZATION**

As the applicant named above, my signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that City Staff review is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided may delay the review of this application. I further understand that plans submitted without an engineer's and/or survey's seal will not be accepted for review and that City Staff review time may take up to four weeks per review. In addition, as the owner or authorized agent, my signature authorizes the City Staff or their representatives including members of the Plan Commission and Common Council to visit and inspect the property for which this application is being submitted. By signing this I acknowledge that anything turned in to assist this application being approved becomes property of the City, and that the City is allowed to reproduce and distribute said materials to assist any City committees or commissions, Common Council, and City Staff reviewing this application now or in the future.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_