

## **Plat Review Request Form**

## **Section 1: Applicant Information**

Full Name:		Contact Nu	ımber:	
Address:Email Address:				
Section 2: Property Property Owner:				
Location and Description of	Property:			
Tax Parcel Identification Nu	mber:			
Total Area of Property:				
Proposed Division Details:				
Section 3: Type of A	pplication	(Checklist)		
[] Family Subdivision (Sect [] Special Subdivision (Sect Section 4: Environm Is the property affected by a	nental and any of the follo [] Flood Pla	[] Exemption [] Con [] Div [] Put [] Div [] Div  Regulatory owing? (Check if ain Ordinance	mbination/Recombination of Lots ision of Land into Parcels >10 Acres olic Acquisition for Street Right-of-Waision of a Tract ≤2 Acres into 2-3 Lots ision According to Probated Will/Inter Considerations applicable) [] Mountain Ridge Protection C	state Succession
Section 6: Review F Review Fee: \$15 (as per Mac Review Period: 30 days (as	lison County Fee	Schedule)	nty Subdivision Ordinance)	
	nat the informate the property	ation provided in owner, I confirm	this application is accurate and c that I have the necessary author	•
Signature of Applicant:			Date:	