Type I Preliminary Short Subdivision (1-4 lots) Application

Please print

Application #:_____

Plat Name:_____

Date Preliminary Subdivision Approved:_____

Number of lots Proposed:_____ Minimum Lot Size Proposed:_____

Address/Location:_____ Zone:_____

Grant County Parcel Number(s):_____ Acres:_____

¼ Section_____Section_____Township_____N Range_____E

Applicant: (mandatory)

Name:_____ Daytime Phone:_____

Mailing Address:_____Fax Number:_____

City/State/Zip:_____Contact Person:_____

Professional License No:_____ Signature:_____

Property Owner 1: (mandatory if different from applicant; attach additional info/sheets if more than one property owner)

Name:_____ Daytime Phone:_____

Mailing Address:_____Fax Number:_____

City/State/Zip:_____Signature:_____

Licensed Land Surveyor:

Name:_____ Daytime Phone:_____

Mailing Address:_____Fax Number:_____

City/State/Zip:_____License No.:_____

The above signed property owners, certify that the above information is true and correct to the best of our knowledge and under penalty of perjury, each state that we are all of the legal owners of the property described above and designate the following party to act as our agent with respect to this application:

Agent/Consultant/Attorney: (mandatory if primary contact is different from applicant)

Name:_____ Daytime Phone:_____

Mailing Address:_____Fax Number:_____

City/State/Zip:_____License No._____

****

OFFICE USE ONLY: ☐ City-Initiated ☐ Privately Initiated

Date Application Received:_____ Received by:_____

Date Application Complete:_____ Completeness Review by:_____