

Long Subdivision (10 or more lots) Preliminary Plat Application

Please print

Application #: _____

OFFICE USE ONLY

Plat Name: _____

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. _____

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City-Initiated

Privately Initiated

Date Application Received: _____ Received by: _____

Date Application Complete: _____ Completeness Review by: _____

