



REPLAT APPLICATION

REQUIREMENTS: APPLICATION
PLANNING & ZONING COMMISSION APPROVAL

PLANNING AND ZONING MEETS FIRST TUESDAY OF EACH MONTH AND APPLICATION SHOULD BE SUBMITTED TO CITY HALL A MINIMUM OF ONE MONTH PRIOR TO THAT MEETING. **INCOMPLETE APPLICATIONS WILL NOT BE PLACED ON AGENDA.** FOLLOWING THE APPROVAL FROM THE PLANNING AND ZONING THE REPLAT WILL GO IN FRONT OF THE CITY COUNCIL FOR FINAL APPROVAL. CITY COUNCIL MEETS THE THIRD TUESDAY OF EACH MONTH.

See Bldg. Inspector for utility easements between lots that you want to re-plat;

Requests must be submitted with this application and the following information:

1. Two (2) mylar plus four (4) bluelines of the proposed replat that has been certified by a licensed surveyor.
2. The replat document must include (a) a statement of ownership; (b) notarized owner's signature; (c) block for city approval; (d) new "R" designation for replat or "R-1" designation for replat of a replat; (e) all dimensions; (f) easements; (g) public ways; and (h) building setbacks.
3. Original tax certificates for all appropriate authorities dated within the last 30 days. An additional current tax certificate will be required from the property owner after City Council approval and previous to filing with the Wise County Clerk's office.

4. TOTAL NUMBER OF LOTS TO BE RE-PLATTED: _____
FEE: FIRST LOT \$275.00
EACH ADDITIONAL LOT @ \$25.00 EACH _____
TOTAL DUE: _____

Complete and submit the following information:

CURRENT LEGAL DESCRIPTION: UNIT _____ BLOCK _____ LOT _____
(S) _____

PROPOSED LEGAL DESCRIPTION: UNIT _____ BLOCK _____ LOT (S) _____

PROPERTY OWNER: _____

OWNER ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP: _____

I hereby request a replat for the property described above. I agree to comply with all City Ordinances and property restrictions.

PRINT NAME: _____
ADDRESS: _____
PHONE: _____

SIGNATURE: _____
CITY/STATE: _____
DATE: _____