Administrative Plat Application

Applicant(s) Information

Name of Applicant(s): _____
Address: _____
Phone: _____
Email: _____
Subject: _____

Property Owner Information

(Submit information on each person for multiple owners)

Name of Applicant(s): _____
Address: _____
Phone: _____
Email: _____

Property Legal Description

Subdivision Name/Survey & Tract Numbers: _____
Lot Number(s): _____ Block Number(s): _____
Number of Lot(s)/Tract(s): _____ Number of Acre(s): _____

Owner(s) Certification

This is to certify that _____, the undersigned is/are the sole owner(s) of the property described upon this application.

_____ _____
Applicant/Owner Signature Date

Please note that all applications must be accompanied by all supporting documentation and fees before acceptance. Application fees are non-refundable in the event of denied application

In review of all applications, the staff shall utilize the *Plat Submittal Requirements* listed below as applicable:

- ☐ Be correctly labeled as the appropriate type of administrative plat such as;

  a. Minor Consolidation Plat
  b. Minor Amending Plat
  c. Minor Subdivision Plat; or
  d. Development Plat

- ☐ Include a "purpose" statement for the amendment and describe exactly what has been changed on the plat since the original plat was recorded;

- ☐ Depict the specific lots affected "as is" and "as proposed";

- ☐ Show all existing and proposed easements, existing and proposed utilities, and letters no objection, from affected utilities serving the subject lots;

- ☐ Show the existing arrangement and dimensions of the existing lots, as platted and recorded, and the proposed consolidation, with new lots given new lot numbers to distinguish them the original lots; and

- ☐ A Certification of Approval of the plat by the Village Administrator, as shown in subsection (c).

I HEREBY ATTEST THAT, TO THE BEST OF MY KNOWLEDGE, MY REQUEST MEETS ALL APPLICABLE REQUIREMENTS AS STATED ABOVE.

_____ _____

Applicant/Owner Signature Date

OFFICE USE ONLY

Application Fee:_____ Received Date:_____

Administrative Completeness: ☐ Complete ☐ Incomplete Date:_____

If incomplete, list the items to be completed:_____

_____

Reviewed by:_____