

APPLICATION FOR APPROVAL OF PRELIMINARY SUBDIVISION PLAT

To the Shelby County Planning Commission

1. Name of Applicant(s): _____ Phone: _____

Address: _____
(Street) (City) (Zip Code)

2. Name(s) of Owner(s) (if other than applicant): _____

Phone: _____ Address: _____
(Street) (City) (Zip Code)

3. Property interest of applicant if other than owner: _____

4. Location of proposed subdivision:

A. Address of property: _____

B. Legal description: _____

C. Present use of property: _____

D. Present zoning of property: _____

5. Name, address, and profession of person designing preliminary plat:

6. List proposed improvements and utilities on proposed site:

7. List of maps, plats and other materials accompanying application and number of each:

<u>ITEM</u>	<u>NUMBER</u>
1. Location Map (4 copies required)	_____
2. Preliminary Plot plans (4 req)	_____
3. Proposed covenants, restrictions	_____
4.	_____
5.	_____
6.	_____

8. Applicant is encouraged to submit a copy of proposed subdivision plat to Shelby County Health Department for review of sanitary sewer proposal approval at earliest opportunity.

9. Application fee must be submitted with this application form by certified check or money order.

"I certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate."

Date: _____, _____ APPLICANT: _____

(Do not write below this line)

Date received and fee collected by _____

Date: _____ Fee: _____

Signature of Official

Action of Planning Commission: _____ Date: _____

Favorably referred to Shelby County Board: _____ Disapproved: _____

Chairman

Secretary

Action of Shelby County Board if favorably referred:

Date: _____ Approved: _____ Disapproved: _____

Chairman

Secretary/Clerk