

**SUBDIVISION APPLICATION
Preliminary Plat**

Name of Development: _____

Vicinity of Development: _____

PROPERTY OWNER	APPLICANT (if different than owner)
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:

SURVEYOR / ENGINEER	CONTACT PERSON
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:

I/we, the (owner(s)/duly authorized agent), do hereby make application to preliminarily divide the property described with this application.

Owner's Signature (all owners must sign): _____ *Date:* _____

Owner's Signature: _____ *Date:* _____

OFFICE USE ONLY	
Application filed: _____	PC Hearing Date: _____
Receipt # _____	Approval Date: _____
Fees:	
Application amount: \$ _____	
Application # _____	
Parcel ID# _____	
S _____ T _____ R _____ Twp. _____	
Current Zoning: _____	