

Subdivision Plat Application

Revised 12.4.2023

Members of the MPC's Land Development department are available to outline the development review process, verify submittal requirements and identify UDC requirements specific to all development requests.

1. PROPERTY INFORMATION										
Project Name:				_Associated Case (if applicable):						
Project Address/Location:				_Total Site Acres:						
Current 2	Zoning District(s	s):		_						
Parcel nu	umber(s):									
2. CASE TYPE (Check appropriate application type)										
□ Prelim	□ Preliminary & Final Plat (7 or more lots) □ Final Plat (Less t			than 7 lots)	□ Re-Plat (no additional lots created)					
3. PARCEL DESCRIPTION										
(existing platted subdivision name, block and lot designation; if un-platted, provide a detailed metes and bounds description)										
4. GENERAL LOCATION OF PROPETY										
(street address and/or frontage, and distance to cross street)										
5. WATER AND SEWER AVAILABILITY										
Water:	□ Private	□ Community	Name of Provider:							
Sewer:	□ Private	□ Community	Name of Provider:							



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6. CONTACT INFORMATION

If property owner designates an agent as the coordinator for the project, this person (the applicant) shall attend all necessary meetings and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. **All contact for this project will be made through the applicant listed below.**

NAME, ADDRESS, AND SIGNATURE OF ALL PROPERTY OWNERS: ALL property owners must sign. All property owners must sign unless one person has the power of attorney to sign for others and that power of attorney is submitted with the application. A managing partner in a corporation may sign and submit written authorization. If in business name or corporation, list all persons owning 6% or more. Attach separate sheet if necessary.

WINTER AUTHORIZATION. II III DUSINGS NUME OF	corporation, list all persons	owning 070 or more: Attac	ii separate silect ii ii	icccssury.
Applicant Contact Information				☐ Check if Primary Contact
Name:	Company (if applicable):		_	
E-mail:	Phone:		Fax:	
Mailing Address (street, city, state, zip):				
Architect Contact Information				□ Check if Primary Contact
Name:		Company:		
E-mail:	Phone:		Fax:	
Mailing Address (street, city, state, zip):				
Engineer Contact Information				☐ Check if Primary Contact
Name:		Company:		
E-mail:	Phone:		Fax:	
Mailing Address (street, city, state, zip):				
Current Property Owner Contact Inf	ormation			☐ Check if Primary Contact
Name:		Company (if applicable):	
E-mail:	Phone:		Fax:	
Mailing Address (street, city, state, zip):				
Designee Contact Name:	E-mail Address:		Phone:	
Property Owner, check one of the fo	ollowing:			
☐ I will represent the application myself; OR ☐ I hereby designate (insert name of project resubmittal, processing, representation, and/or pr for information and for resolving all issues of contents.	esentation of this request. The			ct in the capacity as my agent for erson for responding to all requests
Acknowledgment: I hereby certify that I am the owner of the proper is true and correct.	erty and further certify that the	information regarding prope	erty ownership provide	ed on this development application
Property Owner Signature:	Date:	Applicant Signature:		Date: