

## **APPLICATION FOR SUBDIVISION**

Date Filed:				
* For a subdivision plat application to be concluded Plats must be printed on mylar, no larger	onsidered, the subdivision plat checklist must be completed. than 18"x24".			
1. Property Owner's Name				
2. Property Owner's Address				
3. Telephone Number	E-Mail Address			
for an application for rezoning as described a	ge that I/We do agree with the provisions and requirements above. I/We the undersigned do hereby agree to allow City or the City of Lexington to enter the above referenced			
Signature of Owner	Signature of Applicant			
Administrative Use Only				
Date Submitted	Case Number			
Filing Fee\$100.00	Accepted By			
Cert. Of Ownership	Date Advertised			
Date Sign Posted	Date of Public Hearing			



## Preliminary Plat Checklist

1.	Subdiv			
2. 3.	Owner	r:eer/Architect:		
	_	of Hearing:		
The fo	ollowing	g checklist is to be completed by the Building Inspector and shall a committed to the Planning Commission.	accompa	ny the
5. Does		he Plat contain the following?	Yes	No
		Name of Subdivision		
	b.	Location of boundary lines and reference to section or quarter-section lines		
	c.	Legal Description complete with Section, Township, Range, Principal Meridian and City		
	d.	Name and Address of Owner		
e.		Name of Engineer/Architect		
	f.	Scale (no smaller than 1"-100")		
	g.	Date of preparation and basis for north		
	h.	Current zoning classification		
	i.	Name of adjacent subdivisions with arrangement of streets and lots		
	j.	Topography		
	k.	Arrangement of lots; including dimensions		
	1.	Location of streets, alleys, pedestrian ways and easements; including dimensions		
6.	Does t	he proposed subdivision conform to the Comprehensive Plan?		
7.	Are th	e lots sized appropriately for the zoning district?		
8.	Are drainage ways and other drainage facilities sufficient to prevent flooding both on site and off site?			
9.	Do proposed street grades and alignment meet requirements?			