

FOR OFFICE USE ONLY: RECEIPT # _____

POTTAWATTAMIE COUNTY, IOWA
FINAL PLAT SUBDIVISION APPLICATION

PROPERTY OWNER	Name			
	Mailing Address	Street		City, State, Zip
	Contact Information <input checked="" type="checkbox"/> Best Way to Contact	Email <input type="checkbox"/>		Home # <input type="checkbox"/> Work # <input type="checkbox"/> Cellular <input type="checkbox"/>
DEVELOPER <small>(If other than property owner)</small>	Name			
	Mailing Address	Street		City, St, Zip
	Contact Information <input checked="" type="checkbox"/> Best Way to Contact	Email <input type="checkbox"/>		Work # <input type="checkbox"/> Cellular <input type="checkbox"/> <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Owner's Authorized Agent <input type="checkbox"/> Legal Option Holder
SURVEYOR	Name			
	Mailing Address	Street		City, St, Zip
	Contact Information <input checked="" type="checkbox"/> Best Way to Contact	Email <input type="checkbox"/>		Work # <input type="checkbox"/> Cellular <input type="checkbox"/>
PROFESSIONAL ENGINEER	Name			
	Mailing Address	Street		City, State, Zip
	Contact Information <input checked="" type="checkbox"/> Best Way to Contact	Email <input type="checkbox"/>		Work # <input type="checkbox"/> Cellular <input type="checkbox"/>
PROPERTY INFORMATION	Type of Subdivision	<input type="checkbox"/> Minor <input type="checkbox"/> Major	Civil Township	
	Legal Description	<input type="checkbox"/> Per Attachment		
	Parcel Number		Subdivision Name (Approved by Co. Auditor)	
	Variations Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No	Submitted a separate written explanation of each variance and reasons for requesting said variance.	

ATTACHMENTS

ATTACHED TO THIS APPLICATION IS THE FOLLOWING DOCUMENTATION AND/OR ATTACHMENTS:

- | | | |
|---|--------------------------|--------------------------|
| | Attached | NA |
| A. Protective Covenants or Deed Restrictions | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Performance Guarantee | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Two (2) plastic and five (5) print copies of the final plat, not less than 18" x 24", one (1) 11" x 17" print copy | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Mortgage Holder/Lien Holder Statement | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Attorney's Opinion | <input type="checkbox"/> | <input type="checkbox"/> |
| F. County Treasurer's Certification of Paid Taxes | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Professional Engineer's Stormwater Pollution Prevention Plan Statement | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Other Required Information/Documentation | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Filing Fee-Checks are to be made payable to "Pottawattamie County Treasurer". | <input type="checkbox"/> | <input type="checkbox"/> |

Please make be certain that you want to proceed with this project when you submit your application. The fees that you submit are not refundable once the application is submitted.

SIGNATURE

THE FACTS I HAVE PRESENTED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

<input type="checkbox"/> Property Owner <input type="checkbox"/> Contract Purchaser <input type="checkbox"/> Owner's Authorized Agent <input type="checkbox"/> Legal Option Holder	Signature	Date
	Type or Print Name	