



City of Scottsbluff, Nebraska Application for a Final Plat Subdivision

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|--|---------|--------|--|-------|
| Date: | | | DO NOT WRITE IN THIS BLOCK | |
| Address (Location): | | | Permit Number: | |
| Applicant's Name | | | Plat Approved Denied | |
| Applicant's Address: | | | Date Issued: | |
| City: | State: | Zip: | Comp. Plan Land Use: | Zone: |
| Telephone: | Mobile: | Email: | Attached: Final Plat Legal Description (in Word) \$100.00 filing fee Letter of transmittal Receipt # _____ | |
| Property Owner: | | | | |
| Property Owner's Address: | | | | |
| City: | State: | Zip: | | |
| Telephone: | Mobile: | Email: | | |
| Engineer or Surveyor: | | | Total Acreage: | |
| Engineer or Surveyor Address: | | | Proposed number of lots: | |
| City: | State: | Zip: | Present Use of Property: | |
| Telephone: | Mobile: | Email: | Proposed Use of Property: | |
| Location of property: | | | Present Zoning: | |
| Please provide the following: | | | | |
| <p>Copy of Final Plat (Mylar and 3.5" diskette or CD-ROM in AutoCAD format)</p> <p>Copy of Preliminary Plat (showing future & current property lines, fence lines, irrigation canals, future street widths, dimensions, existing structures, proposed structures, easements, etc..)</p> <p>Legal Description on a CD/Disk (in Word)</p> <p>\$100.00 filing fee (if not submitted with approval of Preliminary Plat)</p> <p>Letter of transmittal</p> | | | | |
| <p>The undersigned, hereby certify that he/she is familiar with all the requirements of Ordinance No. 3410 and amendments thereto, establishing minimum subdivision design standards to be installed by the subdivision and that he/she has caused said preliminary plat and plan to be prepared. He/she certifies that all requirements of Ordinance No. 3410 and amendments there to have been met and submits this application for approval subject to the requirements of said ordinance. I have also read and am familiar with the City Ordinances and will comply with these requirements; and that the statements herein contained are true and correct to the best of my knowledge and belief.</p> | | | | |
| Applicant's Signature: | | | Date: | |
| Remarks: (Insert here any information not covered above) | | | | |