

**Grant County Area Plan Commission**  
**APPLICATION FOR SUBDIVISION PLAT APPROVAL**

Subdivision Name \_\_\_\_\_

Major Subdivision: Preliminary _____	Final _____	Date Filed _____
Minor Subdivision: Preliminary _____	Final _____	Docket No. _____

Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Location of Property (general description)/Address of Property \_\_\_\_\_

\_\_\_\_\_

Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Zoning District \_\_\_\_\_ Dimension of Subdivision: \_\_\_\_\_

Acres \_\_\_\_\_ Number of Proposed Lots \_\_\_\_\_

Type of Subdivision (circle one): **Residential**      **Commercial**      **Industrial**

Type of Sanitary Disposal \_\_\_\_\_

Type of Surface Water Disposal \_\_\_\_\_

Type of Fresh Water Supply \_\_\_\_\_

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**For Major Subdivisions Only**

Mile (to hundredths) of new streets to be dedicated to the public:

	<u>Length Pavement - Full Width</u>	<u>Pavement - Half Width</u>	<u>ROW - Width</u>
1.			
2.			
3.			

Type of Street Surfacing \_\_\_\_\_

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Registered Surveyor/Engineer \_\_\_\_\_ Registration # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Date Request Forms Mailed \_\_\_\_\_

The undersigned, agent or owner or owners of record, certifies that the above information is true and correct to the best of his knowledge. He further agrees that he is aware of the provision of the Subdivision Control Ordinance of Grant County, Indiana, as it affects the requirements for the approval of plats or replat by the Area Plan Commission. (sign and print name)

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

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*office use only*

Receipt for Filing Fee:

This is to certify that \$ \_\_\_\_\_ was received this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ for the Subdivision Filing Fee.

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Public Hearing \_\_\_\_\_ Granted Denied