

Town of Lakeview FINAL PLAT APPLICATION

Applicant Name _____ Phone _____

Address _____

Preliminary Plat File Number _____ City _____ State _____ Zip Code _____
Subdivision Name _____

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PROPERTY DESCRIPTION

Property Location: (address, intersection of cross streets, general name) _____

_____ Zone _____

Tax Map and Tax Lot Number _____

OTHER REQUIRED INFORMATION

- Two copies of proposed final plat submitted for planning and engineering review.
- Title report completed within past 30 days.

Note: Upon confirmation that final plat satisfies all requirements, submit two final mylars for signature.

Note: Upon recording of final plat, submit one mylar and three paper copies of the final plat to the Town of Lakeview Planning Department.

SIGNATURES

Applicant _____ Owner _____

Print Name _____ Print Name _____

Applicant _____