



FINAL PLAT APPLICATION

(please print or type)

Subdivider's Name _____

Address _____

Phone () _____ - _____ ext. _____

Owner's Name _____

Address _____

Phone () _____ - _____ ext. _____

Agent's Name _____

Address _____

Phone () _____ - _____ ext. _____

The Final Plat is requested for the property legally described as follows:

The current zoning of the property is as follows:

Name of the Final Plat:

Number of lots in the Final Plat:

Does the subdivider have any interest in the land surrounding the final plat?

- yes
- no

If yes, please describe the nature of such interest:

Will the Final Plat require any zoning or other action (rezone, planned development, conditional use, vacations) to complete the development?

- yes
- no

If yes, please describe the nature of the action:

The Final Plat is based on the Preliminary Plat for:

This Preliminary Plat was approved by the City Council on:

Date _____, 20_____

Is the Final Plat consistent with the approved Preliminary Plat?

- yes
- no

If not, explain the proposed changes and the reasons therefore:

Have all improvements required by the Preliminary Plat application process been completed?

- yes
- no

If not, list improvements which have not been completed:

- ✓ ***Please refer to the Final Plat Checklist for a complete list of required information.***
- ✓ ***Complete information must be provided by the applicant or no action will be taken.***
- ✓ ***Please refer to the Review Schedule for submittal deadlines and public hearing dates.***

I hereby certify that all required information and materials are herewith attached and said materials are true and accurate to the best of my knowledge.

Signed _____
Applicant

Date _____, 20____

Application Fee: \$500.00 plus \$10.00 per lot
*fees are nonrefundable

All fees are due and payable to the City Treasurer upon application.

Final Plat Recommendation / Action

Planning Commission

- Approval recommended
- Approval not recommended
- Changes and improvements required:

- ___ Ayes
- ___ Nays
- ___ Abstain

Date of Public Hearing _____, 20____
Date of Notice of Public Hearing _____, 20____

The subdivider has complied with the requirements of the Springfield Zoning Ordinance and Subdivision Regulations.

Signed _____
Chairman, Planning Commission

City Council

- Application approved
- Application denied
- Application referred back to Planning Commission with specific instructions:

- ___ Ayes
- ___ Nays
- ___ Abstain

Date of Public Hearing _____, 20____
Date of Notice of Public Hearing _____, 20____

Ordinance Number # _____

Signed _____
Mayor

Attest _____
City Clerk