

<p>APPLICATION FOR MAJOR CONSTRUCTION PLAN APPROVAL</p>	<p>For Staff Use</p>	File Number	S-
		Fee	\$500.00 <input type="checkbox"/>
		Receipt #	
		Date Rec'd	
		Rec'd. By	

1. SUBDIVISION NAME, LAND USE, AREA, LOTS, LOCATION & DESCRIPTION:

Subdivision Name:

Phase (or Replat): _____ Land Use: _____

Area (acres):	Number of Lots:	Number of Units:	Number of Outlots:
Civil Township:	Reserve:	Section:	¼ Sec:
			Township: Range:

Site Location (by Address or Road Description):

BOUNDARY DESCRIPTION -- Attach separate sheet(s) for metes and bounds legal description:

2. CONTACT INFORMATION: SUBDIVIDER

Name:	Name:
Attention:	Attention:
Address:	Address:
City:	City:
State: ZIP:	State: ZIP:
Phone:	Phone:
Email:	Email:

3. CONTACT INFORMATION: SURVEYOR / ATTORNEY

Name:	Name:
Attention:	Attention:
Address:	Address:
City:	City:
State: ZIP:	State: ZIP:
Phone:	Phone:
Email:	Email:

4. CONTACT INFORMATION: OTHER REPRESENTATIVES

Name:	Name:
Attention:	Attention:
Address:	Address:
City:	City:
State: ZIP:	State: ZIP:
Phone:	Phone:
Email:	Email:

APPLICATION FOR MAJOR CONSTRUCTION PLAN APPROVAL

6. REQUEST & SIGNATURE(S): (Check appropriate boxes.)

I (We) do hereby request Major Construction Plan approval of the above-described subdivision and the accompanying Major Construction Plans, conforming with the conditions of the primary approval and in accordance with the provisions of the Comprehensive Plan for Tippecanoe County, Indiana.

I (We) am (are) the owner (owners) of the real estate included in said subdivision.

I (We) am (are) **NOT** the owner (owners) of the real estate included in said subdivision. See the owner's **Notarized Consent** to subdivide (included with the Primary Approval Application).

The undersigned, having been duly sworn on oath states the information in this application is true and correct as he/she is informed and believes.

Subdivider Signature(s): _____

Name(s) Printed: _____

State of: _____)

County of: _____) SS:

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public Signature: _____

Name Printed: _____

Residing in _____ County.

My commission expires _____

(Seal)

7. ADDITIONAL FORMS / PAPERWORK FOR COMPLETE SUBMISSION:

For Staff Use

Total Number of Plan Sets = _____
 1 set - APC
 # sets - Participating Jurisdictions (verify)
 # sets - Subdivider & Representatives

Participating Jurisdictions - Plans have been reviewed, are ready to sign, or are signed.

Fee:
