

<p>APPLICATION FOR SECONDARY APPROVAL OF A MINOR FINAL PLAT</p>	<p>For Staff Use</p>	File Number	S-
		Fee	\$500.00 <input style="width: 40px;" type="text"/>
		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 SECONDARY APPROVAL OF A MINOR FINAL PLAT

5. REQUEST & SIGNATURE(S):

I (We) do hereby request Secondary Approval of the above-described subdivision and the accompanying Minor Final Plat, 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.

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)

6. ADDITIONAL FORMS / PAPERWORK FOR COMPLETE SUBMISSION:	For Staff Use
<input type="checkbox"/> 10 Signed Final Plat Prints (Draft Final Plat reviewd by APC Staff)	<input type="checkbox"/>
<input type="checkbox"/> Compliance with all conditions of Primary Approval (Including any additional paperwork)	<input type="checkbox"/>
<input type="checkbox"/> Restrictive Covnenants, if any (1 original & 3 copies, if not shown or referenced on the plat)	<input type="checkbox"/>
<input type="checkbox"/> Digital (DWG) copy of final plat submitted to Auditor's Office, and PDF copy to APC Staff	
<input type="checkbox"/> Fee	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>