

**APPLICATION FOR
PRIMARY APPROVAL OF A
MAJOR PRELIMINARY PLAT**

For Staff Use

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:		

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5. SUBDIVISION VARIANCE REQUEST(S): (Check box and attach form if requesting subdivision variance(s).)

This application includes a subdivision variance request(s) per Unified Subdivision Ordinance (USO) Section 1.12 (see attached Subdivision Variance Request Form).

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

I (We) do hereby request Primary Approval of the above-described subdivision and the accompanying Preliminary Plat in accordance with the provisions of the Comprehensive Plan for Tippecanoe County, Indiana.

I (We) request permission to post bond in lieu of completing any required subdivision improvements per USO Section 4.1-2.

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 attached owner's **Notarized Consent** to subdivide.

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

<input type="checkbox"/> Notarized Consent (if subdivider is not owner)	<input type="checkbox"/>
<input type="checkbox"/> Subdivision Variance Request Form (if requesting USO variance(s))	<input type="checkbox"/>
<input type="checkbox"/> Preliminary Plat (3 copies)	<input type="checkbox"/>
<input type="checkbox"/> Checkpoint Agencies (proof that copies of plat have been hand delivered or mailed)	<input type="checkbox"/>
<input type="checkbox"/> Interested Parties List (separate form or listed on preliminary plat)	<input type="checkbox"/>
<input type="checkbox"/> Notices of Public Hearing Form (2)	<input type="checkbox"/>
<input type="checkbox"/> JC/LL Release Form (2)	<input type="checkbox"/>
<input type="checkbox"/> Notice to Interested Parties (completed form)	<input type="checkbox"/>
<input type="checkbox"/> Fee	<input type="checkbox"/>