MINOR SUBDIVISION & BOUNDARY LINE ADJUSTMENT APPLICATION & CHECK LIST

Date Submitted: _____

Name of Plat: _____

Taken in By: _____

Plat Review/Approval Fees: _____

CONTACT INFORMATION

Name:_____**Phone #:**_____

Email:_____

Comments:_____

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Reviewed by:_____**Date:**_____

Comments:_____

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Reviewed by:_____**Date:**_____