

## **APPLICATION FOR SUBDIVISION**

Date Filed:						
*For a subdivision plat application to be considered, the subdivision plat checklist must be completed.						
1. Property Owner's Name						
2. Property Owner's Address						
3. Telephone Number	E-Mail Address					
for an application for rezoning as described	dge that I/We do agree with the provisions and requirements above. I/We the undersigned do hereby agree to allow City for the City of Lexington to enter the above referenced					
Signature of Owner	Signature of Applicant					
Adminis	strative Use Only					
	•					
Date Submitted	Case Number					
Filing Fee\$100.00 Cert. Of Ownership	Accepted By Date Advertised					
Date Sign Posted	Date of Public Hearing					



## Plat Checklist

1. 2. 3. 4.	Owner Engine	vision: r: eer/Architect: of Hearing:			
	-	g checklist is to be completed by the Building Inspector and shall a comitted to the Planning Commission.	accompai	ny the	
5. Does		the Plat contain the following?	Yes	No	
a. Name of Subdiv		Name of Subdivision			
	b.	Location of boundary lines and reference to section or quarter-section lines			
	c.	Legal Description complete with Section, Township, Range, Principal Meridian and City			
	d.	Name and Address of Owner			
	e.	Name of Engineer/Architect			
	f.	Scale			
	g.	Date of preparation and basis for north			
	h.	Current zoning classification			
	i.	Name of adjacent subdivisions with arrangement of streets and lots			
	j.	Topography			
	k.	Arrangement of lots; including dimensions			
	1.	Location of streets, alleys, pedestrian ways and easements; including dimensions			
6.	Does the proposed subdivision conform to the Comprehensive Plan?				
7.	Are the lots sized appropriately for the zoning district?				
8.	Are drainage ways and other drainage facilities sufficient to prevent flooding both on site and off site?				
9.	Do proposed street grades and alignment meet requirements?				

