



Preliminary Plat Application

PO Box 247

Walcott, Iowa 52773-0247

Phone: 284-6571 Fax: 284-6984

NAME OF SUBDIVISION: _____

PROPERTY ZONING: _____

APPLICANT:

Name: _____

Address: _____

Phone: _____

PROPERTY OWNER:
(if different from applicant)

Name: _____

Address: _____

Phone: _____

The following must be submitted with the application 13 working days prior to the scheduled Planning & Zoning Commission meeting to be considered for approval at that meeting:

- 20 copies of a Preliminary Plat (11 copies of 50 to 1" scale, 8 copies of 11" x 17", and 1 electronic copy
- \$100.00 plus \$5.00 per lot.
- Legal description of subdivision

The actual cost of the engineering fees related to the improvements shall be charged to the applicant.

The undersigned agrees that the Preliminary Plat of a subdivision for which approval is requested by this application will comply with and conform to all applicable laws of the State of Iowa and ordinances of the City of Walcott, IA.

Date: _____

Signature of applicant

Signature of Property Owner
(if different from applicant)