



Subdivision Application/Preliminary Plat

Base Application Fee: \$ 5 0 0 . 0 0 + \$210.00 per lot = _____ + mailing costs (# _____)mailed @ current stamp cost + .25 per paper and envelope = Total Fee Amount: _____

Check Paid Online

Project _____ Name:
Owner: _____ Phone #:
Mailing _____ Address:
Email: _____ Fax#: _____

Developer: _____ Phone #:
Mailing _____ Address:
Email: _____ Fax#: _____

Engineer/Surveyor: _____ Phone #:
Mailing _____ Address:
Email: _____ Fax#: _____

Subdivision Features:

Subdivision type: Land Condominium PUD Townhouse Short Plat
Zoning District: (Circle all that apply) (RH) (A/RL-.4) (A/RL-1) (C) (C/LI) (LI) (AV) (FP)
Total Land Area: _____
Number of Lots: _____
Minimum Lot Size: _____
Contiguous Land Under Same Ownership: _____
Special Hazard Area: Flood plain Airport Vicinity Other
Easements To Be Dedicated: _____

The following information needs to be provided to qualify this application as complete:

1. One (1) large copy of plat for initial administrator review.
2. One (1) 11x17 copies of plat (after initial administrator review)
3. **Current title report** for the land to be subdivided and a copy of the owner's **recorded deed** to the property,
4. City will provide a complete list of the owners of record of all property within three hundred (300) feet of the exterior boundary lines of the property. The cost per mailing to each of these property owners is .45 cents per letter mailed and .15 cents per letter for the envelope, paper and processing totaling .60 cents. Mailing costs will be assessed to the applicant and paid for at time of application.
5. Application fees (including waiver fees if applicable) and all those associated with application which may include engineering, legal, legal notices, and any other costs to process application. Also all information as required by section 3.5 and section 4 of the Carey Subdivision Ordinance.

An application refund is available up to the time the application is deemed certified by the Planning and Zoning Administrator. Administrative costs will be deducted from the refunded application fee.

I, the undersigned, certify that all information submitted with and upon this application form is true and accurate to the best of my knowledge and belief.



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Sign: _____ Date: _____
Owner or Representative (circle one)