

**APPLICATION FOR APPROVAL
FINAL PLAT**

FLOYD COUNTY, IOWA

APPLICATION DATE _____ APPLICATION # _____

PRELIMINARY PLAT: APPLICATION # _____ APPROVAL DATE: _____

SUBDIVIDER / APPLICANT: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

SUBDIVISION NAME: _____

SUBDIVISION LEGAL DESCRIPTION: _____

DESIGN ENGINEER NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

THE FOLLOWING ARE ATTACHED TO AND MADE PART OF THIS APPLICATION.

⇒ TEN (10) COPIES OF THE FINAL PLAT.

FOUR (4) COPIES OF EACH OF THE FOLLOWING DOCUMENTS.

- ⇒ THE RESTRICTIVE COVENANTS TO BE ENFORCED IN THE SUBDIVISION.
 - ⇒ OWNER'S CERTIFICATE.
 - ⇒ ATTORNEYS OPINION
 - ⇒ ENGINEER'S APPROVAL OF IMPROVEMENTS
- OR
- ⇒ FORM OF PERFORMANCE BOND TO BE PROVIDED
- ⇒ SIGNED AND ACKNOWLEDGED DEDICATION (IF ANY).
- ⇒ OTHER: _____ .

**PAYMENT OF THE REQUIRED FEE IN THE AMOUNT OF \$ 150.00 IS ATTACHED.
(MAKE CHECK PAYABLE TO FLOYD COUNTY TREASURER.)**

**UNDERSIGNED APPLICANT HEREBY STATES THAT HE/SHE IS THE OWNER OF THE PROPERTY
TO BE SUBDIVIDED, AND REQUESTS THE PLANNING AND ZONING COMMISSION AND
GOVERNING BODY APPROVE SAID FINAL PLAT.**

x _____ date
Signature of applicant or agent