

APPLICATION FOR APPROVAL
PRELIMINARY 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.

⇒ A LIST OF THE NAMES AND ADDRESSES OF ALL OWNERS OF RECORD OF PROPERTY LOCATED WITHIN FIVE HUNDRED (500) FEET OF THE PROPOSED SUBDIVISION BOUNDARIES.

⇒ THE RESTRICTIVE COVENANTS TO BE INCORPORATED IN THE FINAL PLAT.

**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