

<p>APPLICATION FOR RURAL ESTATE CONSTRUCTION PLAN APPROVAL</p>	<p>For Staff Use</p>	File Number	S-
		Fee	
		Receipt #	
		Date Rec'd	
		Rec'd. By	

1. SUBDIVISION NAME, LAND USE, AREA, LOTS, LOCATION & DESCRIPTION:

Subdivision Name:

Phase (or Replat): _____ Land Use: _____

Area (acres):	Number of Lots:	Number of Units:	Number of Outlots:
Civil Township:	Reserve:	Section:	¼ Sec:
		Township:	Range:

Site Location (by Address or Road Description):

BOUNDARY DESCRIPTION -- Attach separate sheet(s) for metes and bounds legal description:

2. CONTACT INFORMATION: SUBDIVIDER

Name:	Name:
Attention:	Attention:
Address:	Address:
City:	City:
State:	State:
ZIP:	ZIP:
Phone:	Phone:
Email:	Email:

3. CONTACT INFORMATION: SURVEYOR / ATTORNEY

Name:	Name:
Attention:	Attention:
Address:	Address:
City:	City:
State:	State:
ZIP:	ZIP:
Phone:	Phone:
Email:	Email:

4. CONTACT INFORMATION: OTHER REPRESENTATIVES

Name:	Name:
Attention:	Attention:
Address:	Address:
City:	City:
State:	State:
ZIP:	ZIP:
Phone:	Phone:
Email:	Email:

APPLICATION FOR RURAL ESTATE CONSTRUCTION PLAN APPROVAL

6. REQUEST & SIGNATURE(S): (Check appropriate boxes.)

I (We) do hereby request Rural Estate Construction Plan approval of the above-described subdivision and the accompanying Rural Estate Construction Plans, conforming with the conditions of the primary approval and in accordance with the provisions of the Comprehensive Plan for Tippecanoe County, Indiana.

I (We) am (are) the owner (owners) of the real estate included in said subdivision.

I (We) am (are) **NOT** the owner (owners) of the real estate included in said subdivision. See the owner's **Notarized Consent** to subdivide (included with the Primary Approval Application).

The undersigned, having been duly sworn on oath states the information in this application is true and correct as he/she is informed and believes.

Subdivider Signature(s): _____

Name(s) Printed: _____

State of: _____)

County of: _____) SS:

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public Signature: _____

Name Printed: _____

Residing in _____ County.

My commission expires _____

(Seal)

7. ADDITIONAL FORMS / PAPERWORK FOR COMPLETE SUBMISSION:

For Staff Use

Total Number of Plan Sets = _____
 1 set - APC
 # sets - Participating Jurisdictions (verify)
 # sets - Subdivider & Representatives

Participating Jurisdictions - Plans have been reviewed, are ready to sign, or are signed.

Fee:
