

<p>APPLICATION FOR MINOR SKETCH PLAN REVIEW, PRIMARY APPROVAL AND CERTIFICATE</p>	<p>For Staff Use</p>	File Number	S-
		Fee	\$500.00 <input type="checkbox"/>
		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: _____ ZIP: _____	State: _____ ZIP: _____
Phone:	Phone:
Email:	Email:

3. CONTACT INFORMATION: SURVEYOR / ATTORNEY

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

4. CONTACT INFORMATION: OTHER REPRESENTATIVES

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

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5. SUBDIVISION VARIANCE REQUEST(S): (Check box and attach form if requesting subdivision variance(s).)

This application includes a subdivision variance request(s) per Unified Subdivision Ordinance (USO) Section 1.12 (see attached Subdivision Variance Request Form).

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

I (We) do hereby apply for Minor Sketch Plan Review, Primary Approval and Certificate of Approval of the above-described subdivision 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 attached owner's **Notarized Consent** to subdivide.

The undersigned, having been duly sworn on oath states the information in this application is true and correct as he 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
<input type="checkbox"/> Notarized Consent (if subdivider is not owner)	<input type="checkbox"/>
<input type="checkbox"/> Subdivision Variance Request Form (if requesting USO variance(s))	<input type="checkbox"/>
<input type="checkbox"/> Sketch Plan (3 copies)	<input type="checkbox"/>
<input type="checkbox"/> Checkpoint Agencies (proof of copies of plan delivered or mailed)	<input type="checkbox"/>
<input type="checkbox"/> Interested Parties List (separate or listed on plan)	<input type="checkbox"/>
<input type="checkbox"/> Notices of Public Hearing	<input type="checkbox"/>
<input type="checkbox"/> JC Release Forms	<input type="checkbox"/>
<input type="checkbox"/> Notice to Interested Parties (filled form)	<input type="checkbox"/>
<input type="checkbox"/> Fee	<input type="checkbox"/>