

**TOWN OF EAGAR
SUBDIVISION APPLICATION
(REFER TO THE TOWN OF EAGAR TITLE 17)**

Permit No. _____

Name of Applicant: _____

Address: _____

Telephone: (____) _____ **Date:** _____

1. Legal description of parcel (s) being Subdivided: _____

2. Current Zoning: _____

3. Proposed number of lots in new subdivision: _____

4. Attach tentative plat, and all required exhibits as required by title 17.

4. Filing Fee: \$400 + \$10.00 per lot over 20 **Total:** _____ **Date Paid:** _____

5. Signature of Applicant: _____ **Date:** _____

6. Zoning Administrator: _____ **Date:** _____

7. Application shall be forwarded to the planning and Zoning Commission on:

(Date) _____ **(Time)** _____

(Place) _____

ACTION BY PLANNING AND ZONING COMMISSION

1. Meeting held: (Date) _____

2. Action:

_____ a. Recommend approval of final plat: Date: _____

3. Application forwarded to the Town Council for approval of final plat on :

(Date) _____ (Place) _____ (Time) _____

Signature of P&Z Chairperson: _____ Date: _____

ACTION OF THE TOWN COUNCIL

1. Meeting held: (Date) _____

2. Action:

_____ a. Approval Date: _____

_____ b. Approval with the following conditions or changes: _____

Signature of Mayor

Date