

**Madisonville Planning Commission
Application for Preliminary Plat of Subdivision**

APPLICANT NAME: _____

Address: _____

Phone Number: _____ Email: _____

PROPERTY OWNER NAME: _____

Address: _____

Phone Number: _____ Email: _____

SURVEYOR/ENGINEER NAME: _____

Phone Number: _____ Email: _____

DESCRIPTION OF PROPERTY:

Property Street Address: _____

Parcel(s) No.: _____ Tax Map No.: _____ Size of Tract: _____

Current Zoning (if applicable): _____

ATTACH PRELIMINARY PLAT OF LAND PROPOSED FOR SUBDIVISION

Submitted by:

Signature

Date