

Vonore Planning Commission

Application for Final Plat of Subdivision

APPLICANT NAME: _____

Address: _____

Phone Number: _____ Email: _____

PROPERTY OWNER NAME: _____

Address: _____

Phone Number: _____ Email: _____

PROPERTY OWNER NAME: _____

Address: _____

Phone Number: _____ Email: _____

DESCRIPTION OF PROPERTY:

Property Street Address: _____

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

Current Zoning (if applicable): _____

ATTACH FINAL PLAT OF LAND BEING SUBDIVIDED

Submitted by:

Signature

Date