

APPLICATION
FOR REPLAT

FILE # _____

TODAYS DATE: _____

OWNER: _____

MAILING ADDRESS: _____

TELEPHONE # _____ HOME _____ CELL _____

ENGINEER/LAND SURVEYOR: _____

ENGINEER/LAND SURVEYOR MAILING ADDRESS: _____

ENGINEER/LAND SURVEYOR TELEPHONE: _____

ADDRESS/Common Name of Proposed Replatted Land: _____

LEGAL DESCRIPTION (SECTION, TOWNSHIP, RANGE): _____

DISTANCE TO NEAREST INCORPORATED CITY OR TOWN: _____

(If any part of the subdivision lies within one (1) mile of the boundary of an incorporated city/town, the approval of the governing body of the city/town must also be obtained in accordance with Wyoming State Statutes 34-12-103.)

SIZE OF REPLATTED
LAND: _____

NUMBER OF LOTS/BLOCKS/TRACTS: _____

SIZE OF LOT: MINIMUM _____ MAXIMUM _____

PRESENT ZONING: _____ PROPOSED ZONING: _____

CUP OR VARIANCE: _____ WHY: _____

PRESENT LAND USE: _____

PROPOSED LAND USE: _____

ULTIMATE LAND USE PLAN: _____

WATER SERVICE: PRIVATE _____ PUBLIC _____

NAME OF UTILITY PROVIDING PUBLIC WATER: _____

SEWER SERVICE: PRIVATE _____ PUBLIC _____

NAME OF UTILITY PROVIDING PUBLIC SEWER: _____

PROPOSED METHOD OF ROAD MAINTENANCE AND SOLID WASTE DISPOSAL: _____

PROVIDE THE FOLLOWING: PROOF OF OWNERSHIP, COVENANTS AND RESTRICTIONS,
COPY OF ALL EXISTING FINAL PLATS (BLUE LINE PRINT).

REASON YOU WANT TO REPLAT: _____

APPLICANT SIGNATURE: _____ DATE: _____

LAND OWNER SIGNATURE: _____ DATE: _____

FILING FEE RECEIVED: _____

FINAL REPLAT: _____

DATE RECORDED: _____

EROSION CONTROL

PLAN: _____