



Town of Landis

Application for Preliminary Subdivision Plat Review

Application #: _____ **Date of Application:** _____ (Fee as per adopted fee schedule)

Applicants Name: _____

Surveyor ____ Engineer ____ Property Owner ____ Other ____

Applicants Address: _____

Contact Phone #: _____ Email: _____

Proposed Subdivision Name: _____

Property Owner Name: _____

Property Wonder Address: _____

Property Location: _____

Tax Map #: _____ Parcel #: _____ Current Zoning District: _____

Will this be for a residential or non-residential development? _____

Is this parcel located within a designated Watershed area? _____

Which Watershed Classification? _____

Is there a floodplain located on the property? _____

Is there a designated stream on the property? _____

Above property owner(s) or authorized representative due hereby request that the attached preliminary plat for the stated location be approved as a Subdivision under the Town of Landis Subdivision Ordinance.

*Accepted for review means all required information, materials, and paid fee are submitted and are complete.

Owner(s) or Representative name (print): _____

Signature: _____ Date: _____

Official Use:

Date Accepted* for Review: _____ Accepted by: _____

Zoning Administrator

*Accepted for review means all required information, materials, and paid fee are submitted and are complete.