

**CITY OF PIERZ
APPLICATION FOR PRELIMINARY PLAT APPROVAL**

DATE FILED: _____

AMOUNT PAID: _____

Application #: _____

Any subdivision of land within the City of Pierz must be subdivided in accordance with the rules and procedures set forth by the City of Pierz Subdivision Ordinance. Prior to the preparation of a preliminary plat, the subdivider or owner shall meet with City Staff and the Planning Commission to review all applicable ordinances, regulations, and plans in the area to be subdivided. At this meeting the subdivider or owner must provide a copy of a general sketch plan of the proposed subdivision with required drainage and storm water plans.

Ten (10) copies of the preliminary plat along with one (1) completed application form must be submitted to the City Clerk. All property owners within three hundred fifty feet (350') of the exterior boundary of the proposed plat will be notified of the public hearing date in which the plat will be considered via regular mail by the City.

NAME OF APPLICANT: _____

PHONE: (Day) _____ (Evening) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER (if other than applicant): _____

PHONE: (Day) _____ (Evening) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LEGAL DESCRIPTION OF PROPERTY TO BE SUBDIVIDED (Lot, block and subdivision or metes and bounds description:

DESCRIBE HOW THE LAND WILL BE SUBDIVIDED:

ZONING DISTRICT: _____

REZONING REQUESTED? YES / NO

IF SO, TO WHAT DISTRICT: _____

NUMBER OF LOTS: _____

TOTAL ACRE/SQ. FT. OF PROPERTY: _____

PROPOSED NAME OF SUBDIVISION: _____

NAME OF PROJECT LAND SURVEYOR: _____

PHONE NUMBER OF PROJECT LAND SURVEYOR: (_____) _____ - _____

ADDRESS OF PROJECT LAND SURVEYOR:
STREET: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT SIGNATURE: _____

For Office Use Only:

Pre-application Meeting Date: ____/____/____

Staff Signature: _____

Planning Commission Meeting Date: ____/____/____

Planning Commission Decision: ____ Approved ____ Approved w/ Conditions ____ Denied

Planning Commission Chairperson Signature: _____

City Council Meeting Date: ____/____/____

City Council Decision: ____ Approved ____ Approved w/ Conditions ____ Denied

Mayor Signature: _____

