

FINAL PLAT APPLICATION

TOWN OF MINT HILL

Complete All Fields

Office Use Only

Petition #: _____

Date Filed: _____

Received By: _____

OWNERSHIP INFORMATION:

Property Owner: _____

Owner's Address: _____

Utilities Provided: Individual Well **or** CMUD Water **or** Community Well **-AND-** CMUD Sewer **or** Community Sewer **or** Septic

LOCATION OF PROPERTY (Address or Description): _____

Tax Parcel Number(s): _____

Current Land Use: _____

REQUEST: Number of Lots: _____ Name of Subdivision (if applicable): _____

For Revision or Recombination Plats (describe purpose): _____

(Complete if Applicant is other than Property Owner)

Name of Property Owner

Name of Applicant

Address of Owner

Address of Applicant

City, State, Zip

City, State, Zip

Telephone Number

Telephone Number

E-Mail Address

E-Mail Address

Signature of Property Owner

Signature of Applicant