

Date	

Application for Resurvey Plat

Name of Subdivision					
Name of Applicant					
Owner of Record					
Surveyor					
Property Address					
Parcel Identification Number					
Previous Subdivision Name					
	Lot Number	s (Attach Plat Map of Original S	ubdivision)		
Existing Parcel Zoning					
Name of Applicant					
Will The Property Require Rea	zoning?	NO NO			
Proposed Zoning			<u> </u>		
Will Public Improvements be	Required by Resurve	ey? T YES T NO			
Attach five (5) copies of r	resurvey plat.				
l,		hereby depose and say that all contained in the papers submi	the above statements a itted herewith are true.	and the statements	
Signature		Title			
Address		City	State	Zip Code	