



PLANNING AND ZONING DEPARTMENT
 522 Mechanic Street
 Emporia, KS 66801
 Phone: 620-343-4268
 Fax: 620-343-4262

Final Subdivision Plat Application

Date Submitted _____

***Application must be submitted with a mylar copy and a digital copy.
 (NOTE) AN INCOMPLETE APPLICATION CANNOT BE PROCESSED**

	Name	Address	Phone
Applicant			
Owner			

Other Owners and Officers (corporate applications only) _____

Proposed name of subdivision: _____

Approximate location of subdivision: _____

Number of lots within subdivision: _____

Proposed plat within the City of Emporia or the Metropolitan Planning Area

List any non-conformities which exist on the property: _____

By signing this application, I certify that all of the information I have provided is true and correct. I understand that additional information may be needed, or additional fees may be incurred during the rezoning application process. I understand and agree that it will be my responsibility to provide any additional information requested and to pay any additional fees incurred.

Applicants Signature _____ Date _____

Owners Signature _____ Date _____

FOR OFFICE USE ONLY		
Fee	Date Paid	Receipt no.
\$150		

Application No. _____ Hearing Date: _____