

Department of Planning &
Community Development
CITY OF CRAWFORDSVILLE

Petition for Approval of Secondary Subdivision Plat

Petition No. _____

Petitioner: _____

Phone No. _____

Address: _____

Owner: _____

Phone No. _____

Address: _____

Name of Subdivision: _____ **No of Lots:** _____

General Location: _____

DATE OF PRIMARY APPROVAL: _____

Conditions of Plan Commission Approval (if any): _____

Legal Description: _____

Name of Registered Engineer or Surveyor Preparing the Subdivision Plat: _____

Date Purchased: _____

Parcel Size: _____ Parcel No. _____ Zoning District: _____

I (We) hereby apply to the Plan Commission of the City of Crawfordsville for Primary Approval of the following described subdivision plat in accordance with the Subdivision Control Ordinance. I (We) are the owner(s) or authorized agent(s) of the real estate included in said subdivision. The proposed plat accompanies the petition.

Petitioner/Agent _____ Date _____

IF THE OWNER IS NOT THE APPLICANT THE FOLLOWING STATEMENT MUST BE SIGNED:

I (We) am (are) aware of the petition for subdivision of the land, and I (We) hereby authorize the above name applicant(s) to act as my (our) agent(s) for the purposes of the petition.

Owner _____ Date _____

NOTICE: An accurate legal description and map of the property shall be attached to the petition for Plan Commission consideration.

FOR OFFICE USE ONLY

Date Received: _____

Petition Fee: _____ Legal Fee: _____ Certified Mail: _____ TOTAL: _____

Municipal Building 300 E. Pike Street Crawfordsville Indiana 47933 p. 765.364.5152 f. 765.364.1140