

**OFFICE USE ONLY:**

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PRELIMINARY PLAT REVIEW APPLICATION

Preliminary Plat Review Application Fee: \$350.00 plus \$15.00/lot

One complete set of large (D Size) plans and one complete set of 11"x17" size plans are required for the initial staff preliminary plat review. After staff review and approval, a request will be made for an additional 9- 11"x17" copies. This completed application, plat review fee and drawing(s) that meet all ordinance requirements are required for the project to be added to the Planning Commission Agenda.

Proposed Subdivision Name or Property Name:*(Note: proposed name shall not duplicate the name of any plat previously recorded in Adams County)***Is the property to be subdivided within an existing subdivision?** _____

If yes, what is the existing subdivision name? _____

Location and legal description of the property *(by Government Lot, Section, Township, Range and County):***Total acreage of property** *(in acres):***Applicant's Name:****Applicant's Phone Number:****Applicant's Address** *(Street Address, City, State, Zip code):***Owner's Name:****Owner's Phone Number:****Owner's Address** *(Street Address, City, State, Zip code):***Applicant is (check one):** Owner ☐ Agent ☐ Other ☐ _____*(If applicant is not the owner, provide a letter of authorization from Owner)***Subdivision Designer/Technician:****Designer/Technician Phone Number:****Designer/Technician Address** *(Street Address, City, State, Zip code):***Surveyor** *(Check if same as above ☐):* _____**Surveyor's Phone Number:****Surveyor's Address** *(Street Address, City, State, Zip code):*

The present Owner acquired legal title to the subject property on (Date): _____

Grantor was: _____

Grantee is: _____

Land records reference is (Recorded Document No.): _____

Size of tract in acres or of existing lots, if any, in square feet: _____

Lot/Outlot Information:

Number of lots proposed in the subdivision: _____

Number of outlots proposed in the subdivision: _____

Area of lots proposed (minimum, average and maximum): _____

Provide an overview of any existing legal rights-of-way or easements affecting the property (If none, write NONE): _____

List existing covenants on the property (If none, write NONE): _____

Proposed Sanitary Facilities:

Water (check all that apply): _____ Private Well _____ Municipal Water _____ Private Distribution System.

_____ Other: _____

Sewage Disposal: (check all that apply): _____ Municipal Sewer _____ Septic Field (Conventional) _____ Holding Tank.

_____ Shallow Mound _____ Mound System _____ In Ground Low Pressure System. _____ Other: _____

Any other proposals, such as parcels of land intended to be dedicated, conveyed or reserved for public use, and the conditions proposed for such disposal and use: _____

CERTIFICATE

I, the undersigned Applicant, hereby submit this information as required for a Town of Rome Preliminary Plat Review and certify that all the information and attachments herein are complete, true and correct to the best of my knowledge. I further agree to submit additional information as may be required by the Town of Rome.

Signature (Applicant)

Date