

City of Greenacres Application for Plat Approval

Instructions to Applicant:

Answer all questions completely

A filing fee in the amount required by Code and City Council Resolution (see I	Plat Review
Fee Worksheet)	

Provide seven (7) initial copies of all required attachments (plat, construction plans, calculations, construction cost estimate, permits from all agencies having jurisdiction, and contract and surety

An Optional Pre-submission Conference is available at no charge. Call 561-642-2054 to schedule. Submit seven (7) copies of the sketch plat and survey meeting requirements of Section 12-43 at least twenty (20) days prior to conference

Subdivision Name			
* Agent's Name			
Address			
City	State	Zip	
Phone	Fax		
Email			
Owner's Name			
Address			
City	State	Zip	
Phone	Fax		
Email			

* This is the address to which all agendas, letters and other materials will be forwarded.

Location of Subdivision						
Zoning District						
Property Size (Square feet/	Acres)					
Owner's Authorization: Expetitioned area. A letter of a represent such a petition m	authorization al		•			
Signature of Owner(s) of	Record		Print Nam	e		
Address						
City	State		_Zip			
Phone						
Signature of Applicant or	Agent		Print Name			
Address						
City	State		Zip			
Phone						
SWORN TO AND SUBSCR		EME this	day		_, 20_	7
by		, who is pe	rsonally knowr	n to me, or	who	has
produced		as ider	ntification.			
Signature of Notary Public _		Prir	it Name			_
Commission Number		Commission Expires				
Notary Seal						

(Print, Type, or Stamp Commissioned Name of Notary Public)