CITY OF FLORENCE, MISSISSIPPI

FINAL PLAT APPLICATION

Project Name:			
Address or Location:			-
Approval date of the Prelim	ninary Plat:		
Tax Parcel Number(s):			
Gross Acres:	Number of lots:	Zoning:	
Applicant/Property Owner:			
Company:			
Contact Name:			
E-mail: (print)			
City, Zip:			
Contact Name:	ny:		
Signature:		Date:	
FOR STAFF USE ONLY			
Submittal Date			
Fee Paid	Receipt Number		Received By:
(\$500 + \$2.00 per lot)			