PLAT APPLICATION Preliminary, Final, Re-Plats & Amendments

1.	Preliminary Plat Final	Plat	_Re-plat	Minor	Amending
2.	Plat Name				
3.	Legal Description				
4.	Number of Lots				
5.	Total Acres				
6.	Explain Amendments				
7.	Present use				
8.	Proposed Use				
9.	Rezone Required				
10.	Applicant Name				
	Mailing Address				
	City			Zip	
	Phone Number				
11.	Owner Name				
	Mailing Address				
	City				
	Phone Number				

12. Read and Sign

I understand that I am applying to the governing body of the City of Newark for platting action and that this request must meet the City's Subdivision Regulations, Zoning Ordinance, Comprehensive Plan and other relevant ordinances or requirements before this plat can be approved. I understand that if I am applying for a re-plat then a public hearing is required. I hereby certify by my signature below that I understand the above stated information and that if there is any information not clearly understood then it is my responsibility to request clarification of such information from the City of Newark. I hereby certify that I have read and examined this application and know the same to be true and correct that I am legally authorized to make this request.

Signature						
State of	State of					
County of						
Subscribed and swor	n before me, this	day of				
		, who on his /her oath swears tha				
above statements ar	e true and correct to the	e best of his/her knowledge.				
My Commission Expire						
Notary Public						
	OFFIC	CE USE ONLY				
Completed a	pplication submitted					
Plat Drawing	Plat Drawings (number required varies per type of application)					
Metes and Bounds legal description						
Preliminary Drainage Analysis (when required)						
Preliminary	Preliminary Utility Layout (when required)					
Utility Layou	Utility Layout (when required)					
Drainage Stu	Drainage Study (when required)					
Engineering Drawings (when required)						
Construction Drawings (when required)						
Taxes/liens paid certificates (when required)						
Developer Agreement (when required)						
Fees paid						
Date application rec	eived					
Date application dee	med administratively co	rrect				
Application Submitta	al – Approved or Denie	ed and date				
Filed with County						