FOR CITY USE ONLY	
Date Received:	
Application Fee:	

## CITY OF HARRISON, IDAHO

## INITIAL APPLICATION FOR A SUBDIVISION PLAT

(Please type or print plainly with dark ink)

Name of Subdivision:	
Applicant Name:	Telephone:
	(mailing address)
Relationship to affected property	y (please check one): Owner Purchaser
Other (explain):	
Owner of Record (if other than	applicant):
Name:	Telephone:
	(address)
<b>Location of Affected Property</b>	(address)
	(Attach Legal Description)
List all Districts the property is	located in (School, Highway, water, etc.):
Total Acreage:	7. Number of Lots:
<b>Existing Zoning Designation:</b>	
Is change in zoning sought:	10. <b>Zone sought:</b>
<b>Comprehensive Plan Designat</b>	ion:
Variance. Is any variance from	Subdivision regulations requested:
(If so, explain on separate sheet)	
<b>Attach 3 copies of Sketch Plat</b>	and vicinity map. Sketch Plat should show all existing
_	all proposed streets, approximate lot locations, location of
-	erty which will be dedicated for public use.
0 0 11 1	oval proposed by the Applicant should be attached.
Who prepared Sketch Plat:	
Date	Applicant's Signature