



Date Filed		Application No.	
Preliminary Plat Approval Date		Receipt No.	
Site Plans		Accepted By	

## APPLICATION FOR FINAL PLAT APPROVAL

1. Subdivision Name \_\_\_\_\_
2. Subdivision Location \_\_\_\_\_
3. Land Area (sq.ft. and / or acres) \_\_\_\_\_
4. Number of Lots Proposed \_\_\_\_\_
5. Present Zoning \_\_\_\_\_ Present Use \_\_\_\_\_
6. Pending Zoning (if applicable) \_\_\_\_\_ Proposed Use \_\_\_\_\_
7. Please explain any provisions of conditional preliminary plat approval and your compliance with those provisions (attach additional sheets if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_
8. If any changes have occurred between the approved preliminary and this final plat, other than those required by the Planning Commission, please explain the nature of these changes:  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Explain any waivers of the subdivision regulations granted with the preliminary plat or requested with this application:  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Applicant Name: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_
11. Property Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_
12. Engineer/Surveyor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_
13. Authorized Representative \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**I hereby agree to comply with the Subdivision Regulations of the City of Salina, Kansas, and all other pertinent ordinances of the City of Salina and statutes of the State of Kansas. In addition, it is agreed that all costs of recording the plat and supplemental documents thereto with the Register of Deeds shall be assumed and paid by the owner or applicant.**

Applicant(s) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 PLF-058, 1-08