



**Columbus Consolidated
Government
Preliminary Plat Application**



Subdivision Information

Subdivision Name			
Subdivision Phase (if applicable)			
Subdivision Location			
Tax Parcel ID#			
Zoning		Proposed Use	
Number of lots		Total Acreage	

Engineer / Surveyor Information

Name	
Address	
City	
State	
Zip	
Phone Number	
Fax Number	
E-mail	

Owner Information

Name	
Address	
City	
State	
Zip	
Phone Number	
Fax Number	
E-mail	

Checklist

1) 6 COPIES OF PLATS	<input type="checkbox"/>
2) FEE (\$225 + \$10 PER LOT)	<input type="checkbox"/>
3) APPROVED STREET NAMES	<input type="checkbox"/>

Engineer / Surveyor / Owner signature _____

For Office Use Only

File No. _____
Submission Date: _____
Receipt No. _____