

COMMUNITY DEVELOPMENT

205 North 4th Street | Beatrice, NE 68310
Phone: 402.228.5250 Fax: 402.223.5252
community@beatrice.ne.gov



REVIEW NUMBER: _____

SUBDIVISION FINAL PLAT APPLICATION

APPLICANT(S) INFORMATION **OWNER(S) INFORMATION** (if not Applicant)

| | |
|-------------------------|-------------------------|
| Name(s): _____ | Name(s): _____ |
| Address: _____ _____ | Address: _____ _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |

PROPOSED PROJECT DETAILS
(Attach location map of proposed subdivision to existing and proposed streets, public facilities, lots)

Present Zone: _____ Proposed Zone: _____ Lot(s): _____ Block: _____ Addition: _____

Legal Description: _____

Description of Proposed Changes: _____

List Exhibits or Plans Submitted: _____

APPLICANT(S) SIGNATURE

I hereby certify that I have read and examined this application and affirm the above information, as well as any attached information, as true and correct. I also agree to comply with all applicable ordinances or laws of the City of Beatrice, Nebraska. I further certify that I am authorized to sign this Subdivision Final Plat Application.

| | |
|--------------------|---------------|
| _____ Signature | _____ Date |
| _____ Signature | _____ Date |

OFFICE USE ONLY

Application Fee: \$150.00 **Received By:** _____ **Date:** _____

Comments: _____

City Engineer: _____ **Date:** _____

Com Dev Director: _____ **Date:** _____

RECOMMENDATIONS

PLANNING & ZONING COMMISSION RECOMMENDATION to the City Council this ____ day of _____, 20____. Approved Denied

Planning and Zoning Chairman: _____ **Date:** _____

CITY COUNCIL RECOMMENDATION this ____ day of _____, 20____. Approved Denied

Mayor: _____ **Date:** _____

City Clerk: _____ **Date:** _____