



LAND USE APPLICATION REPLAT

FILE NUMBER _____

Date Received _____

Applicant:

Date Deemed Complete _____

Name(s) _____

Address _____

Phone _____ E-mail address _____

Legal Owner: (if different from applicant)

Name(s) _____

Address _____

Existing Property Description:

Township _____ Range _____ Section _____ Tax Lot(s) _____

Zoning Designation _____ Located within an UGB? _____ If yes, which city? _____

Physical Address _____

General Location _____

List any water, irrigation, drainage, water control, water improvement district or water improvement company that provide services to the subject property: _____

Replat Type Requested:

Subdivision _____
(name)

Land Partition _____
(number)

Please explain why the replat is requested: _____

Will the replat affect any utility easement? _____ If yes, please identify which utility

