

SUBDIVISION APPLICATION

City of Cordova, Alaska

INSTRUCTIONS		PERMIT TYPE	FEE
Print or type requested information. Incomplete applications will be		Preliminary Plat	\$200 + \$50 per lot
returned to the applicant and will delay processing of the request.		Final Plat	\$100 + \$25 per lot
Applications must be recieved by the Planning Department 21 days prior to the next Planning Commission Regular Meeting, which is		Administrative Plat*	\$100
scheduled the second Tuesday of each month, if Planning			
Commission approval is required.		*These plats do not require Pl	lanning Commission approval.
	APPLICANT IN	NFORMATION	
Name:			
Mailing Address:			
City/State/Zip:			
Phone Number:			
Email Address:			
OWNER INFORMATION			
Name:			
Mailing Address:			
City/State/Zip:			
Phone Number:			
Email Address:			
Only complete this section if owner is	s different from applicant.		
PROPERTY INFORMATION			
Address:			
Legal Description:			
Tax Lot No.:			
Zone District:			
Planning Department can assist if unl	known.		

SURVEYOR INFORMATION			
Company Name:			
Mailing Address:			
City/State/Zip:			
Phone Number:			
Email Address:			
Cordova Business License #:			
ADDITIONAL INSTRUCTIONS			
Municipal Code, particulary T	e proposed plat to planning2@cityofcordova.net. Plats must comply with the Cordova 7 - Subdivisions. The Planning Department will review all plats and may request ivisions, such as major subdivisions, additional information will be required.		
	APPLICANT CERTIFICATION		
provided within this application	rtify that I am the owner or duly authorized owner's agent and that the information accompanying documentation is correct. Furthermore, I hereby authorize the City and its associated with this application for purposes of conducting site inspections.		
Applicant Signature:	Date:		
Print Name:			