TOWN OF CLARKDALE

MINOR SUBDIVISION APPLICATION

The following information must be provided in its entirety in order for the Town to consider any Minor Subdivision application for approval.

Application # _____ Submittal Date: _____ Fees: _____ Accepted by: _____
Parcel Number(s): _____ Existing Zoning: _____
Gross Area of Original Parcel (Acres/Sq.Ft.): _____
Average Gross Area of Each Resulting Lot (Acres/Sq.,Ft.) _____

Subdivision/Project Name: _____

Address/Location:

Property Owner: _____
Address: _____
City:_____ State: _____ Zip Code:_____
Phone Number: _____ Fax Number: _____ Email: _____

Contact Person: _____

Applicant: _____
Address: _____
City:_____ State: _____ Zip Code:_____
Phone Number: _____ Fax Number: _____ Email: _____

Contact Person: _____

Engineer: _____
Address: _____
City:_____ State: _____ Zip Code:_____
Phone #: _____ Fax #: _____ Email: _____

Contact Person: _____

Owner's Signature:_____ Date: _____