

# City of Artesia

## Application for a Final Plat

Type or Print in BLACK or BLUE ink only:		Case No. _____
1. _____ <b>Property Owner's Name</b>	Address _____ City/State/Zip _____ Phone # _____	DATE: _____
2. _____ <b>Property Owner's Name</b>	Address _____ City/ State/Zip _____ Phone # _____	Flood Zone: _____

AGENT: _____  Address _____ City/ State/Zip _____ Phone # _____	<b>Current Zoning District:</b> _____ <b>Current Use</b> _____ <b>Required Yard Setbacks (Feet):</b> _____ Front _____ Rear _____ Side _____ Street Side(Name _____)	Located inside City Limits _____ <b>OR</b> County 3 miles Jurisdiction _____ \$200 Application fee _____
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<b>Legal Description of Proposed Area:</b> (Lot/Block/Subdivision, Tract, Section-Township/Range)	F I N A L  P L A T
_____	
_____	

<b>Original Subdivision Name:</b> _____  Subdivision filed Date _____	<b>FUTURE LAND USE PLAN</b>  <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Public <input type="checkbox"/> Park & Open Space <input type="checkbox"/> Religious Institution <input type="checkbox"/> Cemetery <input type="checkbox"/> Mix Use <input type="checkbox"/> Mobile Home <input type="checkbox"/> Hospital <input type="checkbox"/> Parking <input type="checkbox"/> Undetermined
<b>Proposed Subdivision Name:</b> _____  No. of Lots _____ Blocks _____	<b>SHADED AREA FOR STAFF ONLY</b>  <i>Specifications are listed on the Instructional Sheet. All documentation and fees shall be required at the time this application is submitted, unless otherwise noted by Community Development Staff.</i>

<u>By signing this document, I acknowledge that I have been informed of the dates, times, and locations of the public meetings for the Planning and Zoning Commission and City Council and that I and/or my agent shall attend the meetings in order to fulfill the requirements of this application.</u>	
_____  _____ Property Owner's Signature (s)	_____  _____ Agent's Signature