

Greene County Planning & Zoning Section
Sketch Plan Submittal Form

Development Name: _____

General Location: _____

Section _____ **Township** _____ **Range** _____

Date of submittal: _____ **Map location:** _____

_____ **Submittal fee** **Receipt number:** _____

_____ **20 copies of Sketch Plat**

_____ **Was pre-development conference held?**

_____ **Proposed Water Supply**

_____ **Proposed Wastewater Disposal facilities**

_____ **Acreage of development**

_____ **Number of lots proposed**

_____ **Existing Zoning District(s)**

Owner/Developer

Preparer

Address:

Address:

Phone #: _____

Phone #:

Fax #: _____

Fax
#: _____

Signature:

Signature:

Greene County Planning & Zoning Section

PRELIMINARY PLAT SUBMITTAL FORM

Subdivision Name: _____

Section: _____ Township: _____ Range: _____

Date of submittal: _____ Receipt/Case #: _____

Submitted for public hearing scheduled for: _____

_____ Sketch plan reviewed

_____ 20 paper copies of preliminary plat submitted

_____ 5 copies of engineering report received

_____ Plat fee's submitted: Amount: _____

_____ Number of lots. _____

_____ Names and Addresses of all property owners within 1,000 feet of plat boundaries

_____ Acreage of development

_____ Zoning District(s) _____ / _____ / _____

_____ Variation(s) applied for** Fees submitted: _____ Receipt #: _____

1) _____

2) _____

3) _____

OWNER OF PROPERTY:

SURVEYOR:

Address: _____ Address: _____

Telephone #: _____

Telephone #: _____

FAX #: _____

FAX #: _____

Signature: _____

Signature: _____

Signature: _____

DEVELOPER:

ENGINEER:

Address: _____ Address: _____

Telephone #: _____

Telephone: _____

FAX #: _____

FAX #: _____

Signature: _____

Signature: _____

Signature: _____

** Please enclose document outlining requested variations to regulations and conditions on which based.

Greene County Planning & Zoning Section

FINAL PLAT SUBMITTAL FORM

Subdivision Name: _____

Preliminary Plat Name: _____

Section: _____ Township: _____ Range: _____

Date of submittal: _____ Receipt #: _____ Amount: _____

Y____ N__ 20 copies of final Plat submitted

_____ Date of Preliminary Plat approval

_____ Date last phase of development recorded (if applicable)

_____ Current years property taxes paid ? Must be paid prior to recording of final plat.

_____ Number of lots. _____

_____ Date street/road plans approved

_____ Date Stormwater plans approved

_____ Date Sewer plans approved

_____ Zoning District(s) _____ / _____ / _____

_____ Acreage of Phase

Notes: 1) _____

2) _____

3) _____

OWNER OF PROPERTY:

SURVEYOR:

_____ Address: _____

_____ Address: _____

_____ Telephone #: _____

_____ Telephone #: _____

_____ FAX #: _____

_____ FAX #: _____

_____ Signature: _____

_____ Signature: _____

_____ Signature: _____

DEVELOPER:

ENGINEER:

_____ Address: _____

_____ Address: _____

_____ Telephone #: _____

_____ Telephone #: _____

_____ FAX #: _____

_____ Telephone #: _____

_____ Signature: _____

_____ FAX #: _____

_____ Signature: _____

_____ Signature: _____

Greene County Planning & Zoning Section

CONSTRUCTION PLANS

submittal form

Subdivision Name:

Date of Submittal:

Submitted for review:

quantity

_____ 6 sets Paving & Drainage Plans

_____ 6 sets Sanitary Sewer Plans

_____ 6 sets Stormwater Management Plans

_____ 1 copy of final plat

_____ Signed submittal form

_____ Fees

Developer:

_____ Zip _____

Telephone #:

Fax #: _____

Signature

Consulting firm:

_____ Zip _____

Telephone #:

Fax #: _____

Signature