

Plat/Certified Survey Map Review Checklist

PROPERTY OWNER

Name _____
Address _____
Phone _____
Email _____

SURVEYOR

Company _____
Contact _____
Phone _____
Email _____

Parcel # _____, _____, _____, _____

Current Lots _____ Number of Lots & Outlots Being Created _____

Fee Paid to City Rec. # _____ Amount _____ Date _____

Sent to Delta 3 (Bart Nies) Date _____

Clerk-Treasurer _____ Date _____ Initials _____

Zoning Inspector _____ Date _____ Initials _____

Administrator _____ Date _____ Initials _____

Revisions Requested	Date	Date Received
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

7. Council Approval required? Yes No