



City of Columbia APPLICATION for PLAT APPROVAL

Date Received (OFFICE USE ONLY) _____

By (OFFICE USE ONLY) _____

Total Fee: (OFFICE USE ONLY) _____

Applicant (PLEASE PRINT): _____

Address: _____

City, State, ZIP: _____

Contact Telephone Number: _____

Fax Number: _____

Tax Map Reference #: _____

Zoning: _____

Existing Number of Parcels: _____

Proposed Number of Parcels: _____

For **each** parcel after subdivision list parcel square footage, building gross square footage (if applicable) and number of dwelling units (if applicable):

By signing below, I understand that, while this application will be carefully reviewed and considered, I am required to comply with all provisions of the Subdivision Ordinance. I further understand that I am required to provide water and/or sewer service to any new lots created as a result of this subdivision.

Signature _____ Date _____

NOT TO BE FILLED OUT BY APPLICANT

Application Date: _____

Application Number: _____

Date of Zoning Review: _____

Staff: _____

Approved: Yes No

If no – reason: _____

Date Sent to Engineering: _____

Engineering

Water Available Yes No Initials: _____

Notes: _____

Sewer Available Yes No Initials: _____

Notes: _____

Flood Plain Yes No Initials: _____

Notes: _____

Address Assigned: Yes No Initials: _____

Date Returned to Zoning: _____
