

APPLICATION FOR A FINAL PLAT
Lancaster County Land Subdivision Regulations

Note: This application will be returned as insufficient if all required information is not provided.

Project Address/Location _____

Lots with individual wastewater systems that are not part of a Preliminary Plat or CUP are subject to the Health Dept. Area Development Fee; \$345 base fee plus \$30 per lot (Maximum Health Fee \$1,200) Payable to "City of Lincoln"

Name of Final Plat _____

Number of Lots _____

Dwelling Units _____

1 Will the final plat require any other action (special permit, C.U.P., change of zone or vacations) to complete the development? Yes No

If yes, please describe the nature of the action: _____

2 The final plat is based upon Preliminary Plat/CUP (name) _____

(number) _____ approved by the Lancaster County Board Resolution # _____ dated _____

3 Is the final plat consistent with the approved preliminary plat/CUP? Yes No If not, explain proposed changes: _____

4 Have all the improvements required by the preliminary plat been completed? (Please check the Planning Commission's letter indicating the approval of the preliminary plat.) Yes No - Attach Explanation

5 Have the neighbors been informed of your request? Yes No

6 Has the U.S. Army Corps of Engineers been contacted? Yes No

7 Has the Lower Platte South NRD been contacted? Yes No

| | |
|---|--------------------|
| Subdivider/Applicant Name _____ | Phone Number _____ |
| Address _____ | Email _____ |
| Contact Name _____ (Authorized to act on Subdivider's behalf) | Phone Number _____ |
| Address _____ | Email _____ |
| Owner Name _____ | Phone Number _____ |
| Address _____ | Email _____ |

Applicant's Signature _____

Date