

SKETCH PLAT #	
FILING FEE	
RECEIPT #	

Section \_\_\_\_ T \_\_\_\_ N,R \_\_\_\_ W

## MILLS COUNTY, IOWA - SKETCH PLAT APPLICATION

1. PROPERTY OWNER:		TELEPHONE:	
ADDRESS:	CITY STATE ZIP CODE		
PROPERTY OWNER:		TELEPHONE:	
ADDRESS:	CITY STATE ZIP CODE		
2. DEVELOPER: (If other than owner(s))		TELEPHONE:	
ADDRESS:	CITY STATE ZIP CODE		
3. SURVEYOR: (If known)		TELEPHONE:	
ADDRESS:	CITY STATE ZIP CODE		
4. STREET NAME (S):			
5. CIVIL TOWNSHIP NAME:			
6. CURRENT LEGAL DESCRIPTIONS:	PROPERTY #1:		
	PROPERTY #2:		
7. PROPOSED LEGAL DESCRIPTIONS:	PROPERTY #1:		
	PROPERTY #2:		
	PROPERTY #3:		
8. WATER SUPPLY:	Public Water System    Common Water System    Private Water Well		
9. SANITARY SEWER:	Public Sewer System    Common Sewer System Onsite Wastewater Treatment & Disposal System (Septic System)		
10. LAND USE:	PRESENT:	PROPOSED:	
11. REQUIRED ATTACHMENTS:	A. Statement of any existing easements		For Office Use Only
	B. Statement indicating source of water supply and sanitary sewer disposal types distance to the nearest public water and public sewer		
	C. A copy of the sketch plat		
	D. Filing fee - Make checks payable to Mills County Treasurer		
12. CERTIFICATION AND SIGNATURE: I hereby certify that all of the information and documentation presented with this application is true and correct to the best of my knowledge.			
Signature of Property Owner:		Date:	
Signature of Property Owner:		Date:	

**DECISION:** This sketch plat application has been reviewed and it has been determined that said subdivision has been classified as a:

<b>Property Split</b>	<b>Property Line Adjustment</b>	<b>Minor Subdivision</b>	<b>Major Subdivision</b>
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**TENTATIVE APPROVAL:** \_\_\_\_\_  
**Carol Robertson, Mills County Auditor** Date

If a Plat of Survey or Preliminary Plat is not filed within one year from this date, Sketch Plat Application will be deemed void

**With the following conditions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ENGINEER Review and Comment:** \_\_\_\_\_  
 \_\_\_\_\_

**Engineer Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**SAID APPLICATION IS HEREBY:**

**DENIED** \_\_\_\_\_  
**Carol Robertson, Mills County Auditor** Date

**DENIED, for the following reason:** \_\_\_\_\_  
 \_\_\_\_\_

**Final Approval**

\_\_\_\_\_ Date  
**Carol Robertson, Mills County Auditor**

**IF APPROVED, A COPY OF THIS DOCUMENT MUST BE RECORDED WITH THE DEED OR CONTRACT. FAILURE TO DO SO WILL RESULT IN THAT DOCUMENT BEING PROCESSED AS "NO TRANSFER".**