

**APPLICATION FOR PRELIMINARY PLAT APPROVAL
CITY OF WADSWORTH**

Name of subdivision: _____

Location: _____

Name of applicant: _____

Address of applicant: _____

Phone No.: _____

Contact Information (if different from above):

Name: _____

Address: _____

Phone No.: _____

Application is hereby made for approval of the preliminary plat. Made a part of this application are the following documents:

- a. Application Fee: \$250 + \$10/lot (number of lots _____) = _____
- b. 15 copies of location map
- c. 15 copies of preliminary plat
- d. 8 copies of Traffic Impact Analysis (Required for residential developments creating more than 20 dwelling units or lots – See §154.077 of the Zoning Ordinance)
- e. Appendix M (Variance to Subdivision Regulations), when necessary.

Applicant Signature: _____ Date: _____

Planning Commission Action:

Approve (with or without conditions) Disapprove

Comments _____

Date: _____

Chairman's Signature: _____

Secretary's Signature: _____