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		
3. SURVEYOR: (If known)		TELEPHONE:	
ADDRESS:	CITY/STATE/ZIP		
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:	□ Public Sewer System □ Common Sewer System		
SEWER:	□ Onsite Wastewater Treatment & Disposal System (Septic System)		
10. LAND USE:	PRESENT: PROPOSED:		

11. REQUIRED ATTACHMENTS:	A. Statement of any existing easements	□ For Office
	B. Statement indicating source of water supply and sanitary sewer disposal types along with distance to the nearest public water and public sewer	□ Use Only
	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: □ **Property Split**   □ **Property Line Adjustment**   □ **Minor Subdivision**   □ **Major Subdivision**

□ **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:** _____
_____
_____

□ **City Review and Comment** _____
_____

City Signature _____**Date**_____

SAID APPLICATION IS HEREBY:

□ **DENIED** _____
               Carol Robertson, Mills County Auditor   Date

□ **DENIED, for the following reason:** _____

Comments_____
_____

□ **Final Approval**

_____

Carol Robertson, Mills County Auditor   Date

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".