



**CITY OF GRANDVIEW
APPLICATION FOR RE-PLAT**
Please Print or Type

SECTION 1. APPLICANT/OWNER INFORMATION

Applicant/Developer: _____
Street Address: _____
City/State/Zip: _____
Daytime Telephone: _____ Fax: _____
Email address: _____
Applicant Status:(Check One) Owner Other (State Relationship) _____

Property Owner must sign below or submit a letter of authorization if Applicant is not the owner.

Owner: _____
Street Address: _____
City/State/Zip: _____
Daytime Telephone: _____ Fax: _____

Signature of Applicant Date Signature of Owner Date

Engineer/Surveyor: _____
Street/Mailing Address: _____
City/State/Zip Code: _____
Telephone #: _____ Fax # _____
Email Address: _____

SECTION 2. GENERAL SITE INFORMATION

Property Location: _____

Property Description (enter information in (A) and/or (B) below):
(A) (If a platted tract): Lot(s): _____ Block(s): _____
Subdivision Plat Name: _____

Current Zoning: _____ :Number of lots: _____
Current Use of Property: _____
Proposed Use of Property: _____

Justification/Reason for Request Change: _____