



CITY OF SIDNEY
www.sidneyoh.com

APPLICATION FOR FINAL PLAT APPROVAL

I. Applicant Information

Name of Property Owner _____ Telephone No. _____

Address _____

Name of Agent or Attorney _____ Telephone No. _____

Address _____

Contact Person _____ Telephone No. _____

II. Property Requested to be Platted

County Parcel ID No(s). _____ Sec. ____ T ____ R ____

General Location of Final Plat _____

Proposed Name of Plat _____ Present Zoning District(s) _____

No. Of New Lots _____ No. of New Streets _____ Proposed No. of Phases _____

Rezoning Requested of Area to be Platted Y ___ N ___ ? If so, to Zoning District(s) _____

Existing Use of Property _____

Proposed Use _____

III. Applicant Certification

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ATTACHMENTS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT ATTENDENCE AT ALL PUBLIC HEARINGS RELATED TO THIS APPLICATION IS MANDATORY BY THE OWNER OR OWNER'S AGENT.

Signature of Applicant

Date

For Office Use Only

APPLICATION NO. _____ DATE FILED _____ FEES PAID \$ _____

HEARING DATES: _____