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: 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 B. Statement indicating source of water supply and sanitary sewer disposal types along with 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		□ For Office Use Only □ □
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".

Form Rev. Oct 2007