

TOWN of ASHLEY
APPLICATION for SUBDIVISION PLAT APPROVAL

TO: THE TOWN OF ASHLEY PLAN COMMISSION

Case No. _____

Subdivision Name _____

Application Date _____

Name of Owner _____ Phone # _____

Address _____

Name of Agent _____ Phone # _____

Location (brief general description) _____

County _____ Township _____ Section # _____

Acreage _____ Number of lots _____

Proposed Development Schedule _____

Name of Engineer or Surveyor _____

Registration Number _____ Phone # _____

Attached to each application shall be one copy of the proposed deed restrictions which shall run with the above described land.

The undersigned, being the owner, owner of record, or agent certifies the above information is true and correct to the best of his/her knowledge. He/she further agrees the development shall be in accordance with the current Subdivision Control Plan Ordinance of the Town of Ashley, Indiana; Steuben and DeKalb Counties, as it affects the requirements for the approval of plats by the Town of Ashley Plan Commission.

Receipt for Application Fee:

This is to certify that \$100.00 was received this _____ day of _____ 20 _____
for Subdivision Plat Application Fee.

Receipt Number _____

By: _____