

**DELAWARE-MUNCIE**  
**METROPOLITAN PLAN COMMISSION**  
**SECONDARY APPROVAL – FINAL PLAT**  
**APPLICATION**

**DATE FILED:** \_\_\_\_\_

**CASE NO.:** \_\_\_\_\_

1. Name of Subdivision:

\_\_\_\_\_

A. Section: \_\_\_\_\_ B. Township: \_\_\_\_\_ C. Range: \_\_\_\_\_

2. Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

3. Developer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

4. Surveyor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

License No.: \_\_\_\_\_

5. Date Preliminary Plat was approved: \_\_\_\_\_

6. Final Plan:

\_\_\_\_\_ A. Comprises the entire area of the Preliminary Plat.

\_\_\_\_\_ B. Is a section of the area form the Preliminary Plat.

7. Number of Lots: \_\_\_\_\_ Outlots: \_\_\_\_\_

A. Typical Lot Width: \_\_\_\_\_ B. Typical Lot Area: \_\_\_\_\_

8.	New Street Names:	Length:
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

9. Total Area:

A. In Lots: \_\_\_\_\_      B. In Streets: \_\_\_\_\_      C. Other: \_\_\_\_\_

10. Improvements:

A. Streets – Jurisdiction: \_\_\_\_\_

\_\_\_\_\_ Have been completed in accordance with plans approved by the Engineer.

\_\_\_\_\_ Satisfactory surety has been (will be) provided to the jurisdictional body.

Amount of Surety: \_\_\_\_\_

B. Sanitary Sewers – Jurisdiction: \_\_\_\_\_

\_\_\_\_\_ Have been completed in accordance with plans approved by the jurisdictional body.

\_\_\_\_\_ Satisfactory surety has been (will be) provided to the jurisdictional body.

Amount of Surety: \_\_\_\_\_

C. Storm Sewers – Jurisdiction: \_\_\_\_\_

\_\_\_\_\_ Have been completed in accordance with plans approved by the jurisdictional body.

\_\_\_\_\_ Satisfactory surety has been (will be) provided to the jurisdictional body.

Amount of Surety: \_\_\_\_\_

D. Regulated Drains – Jurisdiction: \_\_\_\_\_  
\_\_\_\_\_ Have been completed in accordance with plans approved by the  
County Surveyor.  
\_\_\_\_\_ Satisfactory surety has been (will be) provided to the jurisdictional  
body.  
Amount of Surety: \_\_\_\_\_

E. Additional information on improvements, if needed:  
\_\_\_\_\_  
\_\_\_\_\_

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DO NOT WRITE IN THIS SPACE

Final Plat Filed By: \_\_\_\_\_

Person Receiving Plat: \_\_\_\_\_

Final Plat Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Final Plat Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Reason(s) for Disapproval: