

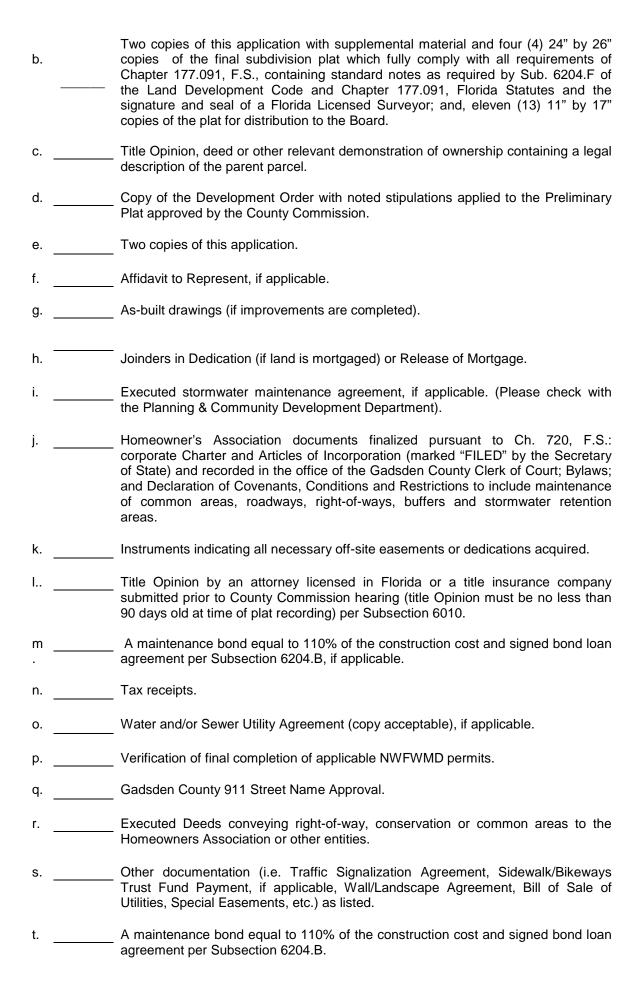
1-B East Jefferson Street, Post Office Box 1799, Quincy, FL 32353-1799 Phone: (850) 875-8663 Fax: (850) 875-7280

E-mail: planning@gadsdencountyfl.gov Web site: www.gadsdengov.net

APPLICATION FOR FINAL PLAT

This Final Plat application must be completed and submitted with all enclosures (See Subsections 6204 & 6205 of the Gadsden County Land Development Code). The application will then reviewed and referred to the Planning Commission for recommendation and then to the Gadsden County Board of County Commissioners for its review and approval. The Final Plat must be recorded and infrastructure completed and accepted prior to sale of lots.

NAME OF S	UBDIVI	SION:					
PARCEL ID	#:						
PROPERTY CONTACT F		· · · · —	tion):				
ADDRESS:							
CITY:			STATE:			_ ZIP:	
TELEPHONI E-MAIL ADD)		FAX:)	
. ENGINEER ADDRESS:	OF REC	CORD(Print):	:				
CITY:			STATE:			ZIP:	
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E-MAIL ADDRESS:		,				,	
			ning Commission an	-			_
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Ownership &	s propos Mainter	sed: nance Entity	APPROVAL: Density of Right-of-Way: of Stormwater Faci				
			of Open Space & C				
The following	j items a	are needed t	to complete this app	lication for re	eview	<i>I</i> '.	
a	payab	ole to the	5500.00. Please sub Gadsden County leer/Survey Review	Board of C	Count		



I AM THE OWNER,						
of the property described which is the sub- perjury, I declare that I have read said a attached to and made a part of said ap- knowledge and belief. I understand that be	THE OWNER (Attach Authorization to Represent) opject matter of this application. Under penalties of application and all drawings and data and matter oplication are honest and true to the best of my by signing this document, I am giving the County or disseminate, and reproduce any and all items copyrighted or not.					
SIGNATURE OF APPLICANT	DATE					
The foregoing instrument was acknowledged before me	e this day of,					
by who is personally known to me, or has produced as						
identification and who did (did not) take an oath.						
	_					
Signature of Notary:						
Print Notary:						
•	SEAL:					