



SALINE COUNTY PLANNING BOARD

PLAT APPROVAL APPLICATION

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**1. SUBJECT PROPERTY**

Assessor's Parcel Number(s):

Subject Property Address or Site Location:

Name of Development/Establishment, If Applicable:

**2. PROJECT DESCRIPTION**

- PRELIMINARY    FINAL  
MINOR            PRIMARY  
COUNTY ROAD(S)   PRIVATE ROAD(S)  
RESIDENTIAL       COMMERCIAL  
SINGLE FAMILY      MULTI-FAMILY  
REPLAT              CITY ETJ    If so, which City: \_\_\_\_\_

Describe what is proposed. See instructions and checklist for additional required information.

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**3. OWNER**

Name:

Phone:

Address:

Fax:

City/State:

Zip:

E-mail:

**4. APPLICANT (IF DIFFERENT FROM OWNER)**

Name:	Phone:
Address:	Fax:
City/State:	Zip:
E-mail:	

**5. MAIN POINT OF CONTACT: OWNER APPLICANT OTHER**

**If other: Name** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**6. BILL TO: OWNER APPLICANT OTHER**

**If other: Name** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**7. OWNER/APPLICANT CERTIFICATION**

- By my signature below, I hereby certify the following:
1. I understand that the Burden of Proof is on the applicant to substantiate the request.
  2. I understand there is no guarantee-expressed or implied- that any approval will be granted. I understand that each matter must be carefully evaluated and after the evaluation has been conducted by the Staff of the County Judge and the Saline County Planning Board, that staff/Board recommendation or decision may be revised to a different position taken in any preliminary discussions.
  3. I understand that additional information, reports, studies, applications or fees may be required.
  4. I understand that submitting inaccurate or incomplete information may result in delays or denial of my application.
  5. I certify that the information provided in this application, including attachments, is accurate and correct to the best of my knowledge.
  6. I have read and understand the foregoing, and agree to the submittal of this application.

Signature (blue ink):	Date:
Print Name:	Check One: <input type="checkbox"/> Owner <input type="checkbox"/> Applicant