



City of Covington

FINAL PLAT APPLICATION

PLEASE COMPLETE THE BELOW INFORMATION. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Date Received: _____

Received By: _____

CPC: _____

Process No.: _____

CURRENT ZONING DISTRICT: _____

I. REQUIRED ITEMS:

- One (1) original signed application;
- Six (6) copies of the final plat, the original, and other related documents, as specified in Article 4 of Title 14, Development Regulations, Chapter 14.08 Platting Procedures, found in the Covington Municipal Code of Ordinances;
- One (1) legal description with metes and bounds of the parcels being created; and
- Final plat review fee \$400 base fee + \$5 for each lot up to 100 lots + \$2 per lot over 100

II. APPLICANT:

Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

III. CURRENT PROPERTY OWNER (IF DIFFERENT FROM THE APPLICANT):

Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

IV. PROPERTY INFORMATION:

Property Address: _____

Parcel Number(s): _____

Parcel Size(s): _____



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V. PROPERTY OWNER(S) SIGNATURE:

VI. APPLICANT SIGNATURE (IF DIFFERENT FROM OWNER):

VII. GENERAL INFORMATION:

Provide a letter requesting review and approval of a final plat and detailed description of the lot division(s) request below

VIII. AUTHORIZATION FOR OWNER'S REPRESENTATION:

I, _____, owner of the subject property identified in this application, do hereby authorize _____ to act as my representative in all matters pertaining to the processing and approval of this application, including modifying the application according to the terms and conditions set forth by the City of Covington. I agree to be bound by all representatives and agreements made by my designated representative.

Signature of property owner: _____ Date: _____

IX. CERTIFICATION:

I, _____, the owner or authorized representative of the owner have read and understand the contents of this application. I certify that the information contained herein, including attachments and all other supporting information, is complete and true, to the best of my knowledge and belief.

Signature of owner or authorized representative: _____ Date: _____

X. NOTARY:

Sworn to and subscribed to me this _____ day of _____, 20 _____

Notary Signature: _____

Notary Seal



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*** FOR OFFICE USE ONLY ***

Fee Received		File #	
Planning Director Signature			
Approved:		Denied:	
If denied, reason for denial or (see attached).			
PLANNING COMMISSION		PC Hearing Date:	
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Approved with Attached Remarks: <input type="checkbox"/>	
Signature: _____			