CITY OF LAKE CHARLES APPLICATION FOR PRELIMINARY SUBDIVISION APPROVAL

DATE	:	APPLIC	CATION FEE:
1.	NAME OF SUBDIVISION:		
2.	NAME OF APPLICANT:		
	ADDRESS:	ZIP:	PHONE:
3.	NAME OF AUTHORIZED AGENT:		
	ADDRESS:	ZIP:	PHONE:
4.	OWNER OF RECORD:		
	ADDRESS:	ZIP:	PHONE:
5.	ENGINEER (and/or Land Surveyor):_		
	ADDRESS:	ZIP:	PHONE:
6.	ATTORNEY:		
	ADDRESS:	ZIP:	PHONE:
7.	SUBDIVISION LOCATION:		
8.	TOTAL ACREAGE BEING SUBDIVIDED:		
	NUMBER OF LOTS:		
9.	ZONING CLASSIFICATION:		
10.	HAS THE PLANNING COMMISSION GRANTED VARIANCE, EXCEPTION OR SPECIAL PERMIT CONCERNING THIS PROPERTY? []YES []NO		
	IF SO, LIST CASE NO. AND NAME:		
11.	LIST ALL CONTIGUOUS HOLDINGS IN THE SAME OWNERSHIP:		
12.	LIST ALL LAND PROPOSED TO BE SUBDIVIDED:		
13.	LIST ALL ABUTTING AND ADJACENT PROPERTY OWNERS AND ADDRESSES:		
14.	ATTACH FIFTEEN (15) COPIES OF I	PROPOSED PRELIMINARY P	LAT.
15.	ATTACH THREE (3) COPIES OF CONSTRUCTION PLAN.		
THAT		COMMISSION SHALL BE MA	BDIVISION REGULATIONS PROVIDING ADE WITHIN FORTY (40) DAYS AFTER
I, THE \$	HEREE STATEMENTS CONTAINED IN THE PA	BY DEPOSE AND SAY THAT A PERS SUBMITTED HEREWIT	ALL THE ABOVE STATEMENTS AND TH ARE TRUE.
BY:	SIGNATURE OF APPLICANT	DATE:	