



ROGERS COUNTY PLANNING COMMISSION

<i>County Staff to complete this section</i>	
Case Number:	_____
Dev. Number:	_____
Hearing Date:	_____
Location:	<u>City of Claremore – City Hall</u>

APPLICATION FOR FINAL PLAT

FEE: \$500.00

Date of application: _____

- Please see attached application guidelines.
- All plans and surveys must be drawn to scale and noted on plans.
- All documents larger than 8-1/2" x 11" must be folded to that size. Please submit ten paper copies of surveys and if possible one electronic copy in PDF format.
- Letters from Water Department/District and Oklahoma Department of Environmental Quality Must be submitted with application.
- The current property owner must sign the application.

Subdivision Name: _____

Name of Engineer (Print): _____ Phone: _____

Address: _____ Zip Code _____

FAX: _____ Email: _____

Developer / Owner: _____ Phone: _____

Developer / Owner's Address: _____ Zip Code _____

FAX: _____ Email: _____

Section: _____ Township: _____ Range: _____

County Parcel Number: _____ Acreage: _____ No. of Lots: _____

Legal Description of the Tract (May be attached): _____

General Location _____

Present Zoning: _____ Related Case Numbers: _____

Proposed Number of Lots: _____ Proposed Average Lot Size: _____

Temporary Address for Construction Permits: _____

Type of Water Supply (Check One) Rural Water District Number _____ Well Water

Type of Sewer System: _____

Type of Street Surfacing Proposed: _____

I HEREBY CERTIFY THAT THE INFORMATION HEREIN SUBMITTED IS COMPLETE, TRUE AND ACCURATE AND THAT I/WE HAVE BEEN NOTIFIED ON THE PROCEDURES AND GUIDELINES, INCLUDING PLATTING AND SITE PLAN REVIEWS IF REQUIRED AND ALL FEES AND CHARGES RELATED TO SITE IMPROVEMENTS, DEVELOPMENT AND BUILDING PERMIT COSTS.

SIGNATURE OF APPLICANT: _____ Date: _____

(Please type or print name of applicant who signed this application): _____

SIGNATURE OF PROPERTY OWNER: _____ Date: _____

(Please type or print name of owner who signed this application): _____

Subscribed and sworn to before me this ____ day of _____, 20__.



(NOTARY PUBLIC)

My Commission Expires: _____

DO NOT WRITE BELOW THIS LINE

Date Recorded: _____ Recorded By: _____

Total Fee: _____ Receipt #: _____ P.H. Date: _____