Tax Map #____



Town of Clay

Application for Final Plat Review and Approval

FILE (TRACT) NAME			
PROJECT LOCATION			
PROJECT DESCRIPTION			
Mailing Address			
PROPERTY OWNER (if not a Mailing Address	applicant)Phone		
		(architect, engineer, attorney, e	
Mailing Address Email	Phone		,
PROPOSED PROPERTY DETAI		Commercial	
Townhouse DRAWINGS FORMING A PART Final Plat: Drawing #	#	Industrial Date	
Street Profiles: Drawing # Grading Plan: Drawing #	# # #	Date Date	
Dated:, 20	Official Use Only Planning Board A		
(Indívídual Sígnature)	Date of Prelimina Date of Final Pla		,20,20,20,20,20,20,20,20
(Entity Name)			,20,20,20,20,20
By:(Officer) (Title)		Commissioner of Planning	