



City of Redmond Preliminary Final Plat Application

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Blue line print review requires
5 copies of blue line prints

File Number: PFP _____
Original Subdivision or Partition No: _____

CONTACT AND OWNER INFORMATION

Contact's Name _____ Phone ____/____/____ Fax ____/____/____
Address _____ City _____ State _____ Zip Code _____
Email _____

Property Owner _____ Phone ____/____/____ Fax ____/____/____
Address _____ City _____ State _____ Zip Code _____
Email _____

PROPERTY DESCRIPTION

Property Location (address, intersection of cross street, general area) _____

Tax Lot Number - T15S, R13E, Section _____ Tax Lot(s) _____
Zoning _____ Total Land Area _____ (Square Ft.) _____ (acres)

ENGINEER OR SURVEYOR INFORMATION

Engineer/Surveyor _____ Phone ____/____/____ Fax ____/____/____
Address _____ City _____ State _____ Zip Code _____
Email _____

FOR OFFICE USE ONLY

Date Received: _____
Rec'd By: _____

Date Routed

Fire _____
Engineering _____
Planning _____
Building _____
Addressing _____
Other _____

Rec'd:

Fire _____
Engineering _____
Planning _____
Building _____
Addressing _____
Other _____

Mailed:

Fire _____
Engineering _____
Planning _____
Building _____
Addressing _____
Other _____