



Community Development Department
 1700 N. 4th Ave. W.
 Newton, IA 50208-1926
 641-792-6622 FAX 641-792-0670
www.newtongov.org

**Planning & Zoning
 Application
 Final Plat**

Office Use Only

Submittal Date _____

Fee: \$75.00

Date Fee Paid _____

Receipt # _____

File # **FP-** _____

Please fill out, print off and mail to above address.

Final plat procedures and information is found in Article 5 of the Newton Subdivision Ordinance. All final plats shall conform to the preliminary plat as approved by the City Council.

Please complete the following information:

Name of Applicant	Mailing Address	Daytime Telephone
Interest in property: Owner Agent Other (explain):		

Name of Owner (if different)	Mailing Address	Daytime Telephone
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- Street Address or Common Description: _____
- Legal Description: _____
- Existing use of property: _____
- Zoning of property: _____ • A change in zone is is not anticipated.
- Size of parcel sq. ft. Acres: _____ • Proposed total number of lots: _____
- Date of Pre-Applications Conference: _____
- ❖ If any waivers are being sought in accordance with Article 10 of the Newton Subdivision Ordinance, please put them in writing and attach to this application.
- ❖ If a request to waive is not attached to this application, the city planner will construe the applicant is adhering to all subdivision requirements.

Items to be provided with completed application as required by city planner per pre-application conference:

Signature of Applicant	Date	Revised 1/04
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