

LaGrange County Plan Commission

114 W. Michigan Street, Suite 6
LaGrange, IN 46761
Email: planning@lagrangepublicworks.org
Phone (260) 499-6346

Date _____
File # _____
Receipt # _____
ZONING: _____

-Subdivision Submittal Application-

Owner Name _____

Mailing Address _____

City, State _____ Zip _____

Email _____ Phone _____

TOWNSHIP, SECTION, RANGE: _____

Applicant: Owner Surveyor Other

If other, complete this block:

Applicant Name _____

Mailing Address _____

Phone Number _____

Type: Administrative Minor Plat Major Plat Vacation of Plat

Proposed Subdivision Name _____

Root Parcel(s) Information for existing parcels that are being subdivided/adjusted

| # | Parcel Number (44-) | Brief Legal Description/Acreage | House Present | Structures Present |
|---|---------------------|---------------------------------|--------------------------|--------------------------|
| 1 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | | <input type="checkbox"/> | <input type="checkbox"/> |

Platted Acreage _____ Number of Lots _____

Unplatted Acreage (Remainder) _____

Number of Tracts _____

Infrastructure

New Streets/ Public Ways? Yes No

Sanitary Disposal Septic Sewer

Surface Water Disposal Natural Other

Application Checklist:

- Aerial photograph showing existing tract being subdivided from & new subdivision
- Copy of latest deed for tract being subdivided
- Septic permit, copy of soils report, or documentation of Sanitary Sewer connection approval
- Comment letter from Town Board, if within Town limits
- One copy of the proposed subdivision (18"x24")

Surveyor Information:

Surveyor _____

Company Name _____

Address _____

City, State _____ Zip _____