



Case No. _____

SUBDIVISION CODE APPLICATION PRELIMINARY PLAT

Subdivision Name: _____

Parcel ID(s) _____ Current Zoning: _____ District: _____

Engineer Information

Developer/Agent Information

Owner Information

Name: _____

Name: _____

Name: _____

Address: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Telephone: _____

FAX: _____

FAX: _____

FAX: _____

Email: _____

Email: _____

Email: _____

SUBMISSION REQUIREMENTS:

☛ SEE REVERSE SIDE FOR SUBMISSION CHECKLIST

- ☛ Attach 8.5 X 11" site plan illustrating project location.
- ☛ Submit complete preliminary plat by deadline.
- ☛ A 3 1/2" diskette or CD with all information included must be submitted with your application.
- ☛ Incomplete applications/plats or plans will **NOT** be considered.
- ☛ Payment of appropriate fees must accompany application.

SUBMISSION DEADLINES:

MEETING DATES:

Application _____

DRC Meeting _____

Plat/Plan _____

PC Meeting _____

Development plan due following preliminary plat approval and prior to commencement of work.

PROPERTY OWNER CERTIFICATION: I(We), the undersigned, hereby certify that I(we) are the owner(s) of the property regarding this Application and I(we) concur with the applicant's request as described herein.

Signature

Signature

Printed Name

Printed Name

Signature of Agent/Developer

Date

It is our goal to assist you in making your project a success in a timely manner. Please call if you have any questions or need assistance from the City of Hot Springs Planning Department, 133 Convention Blvd., Hot Springs, AR 71901 (501-321-6856).

SUBDIVISION PLAT SUBMISSION CHECKLIST

Submittals must comply with all applicable City Codes. In this regard please consult the Hot Springs Code of Ordinances for complete requirements including: Subdivision Code, Zoning Code, Street and Drainage Code, Water/Wastewater Construction Specifications, Fire Code, and Sanitation Ordinance. These codes may be accessed at <http://www.cityhs.net/services-doc-center-code.html> or by contacting the Planning, Engineering, Utilities, Sanitation and Fire Departments.

	Sketch Plan HSC § 16-4-23	Preliminary Plat HSC§16-4-25	Development Plan HSC §16-4-24	Final Plat HSC §16-4-27
Proper number, type and size of copies submitted	●	●	●	●
Key map indexing multi-plat sheets	●	●	●	●
Subdivision name and type	●	●	●	●
Name and address of owner & developer	●	●	●	●
Date prepared, north arrow, numerical and graphic scale	●	●	●	●
Vicinity map	●	●	●	●
Existing and/or proposed Covenants, Restrictions or Bill of Assurance		●		●
Boundary survey information		●		●
Geometric data with bearing and distance for each plat line				●
Phasing plan with boundary information for each phase (if phasing)		●		
Legal description to within one-tenth of an acre		●		●
Zoning classifications within and abutting subdivision		●		
City/County boundaries passing through or abut the subdivision		●		
Names of abutting subdivisions and streets			●	●
Certificates (Surveyor, Planning, Owner, County Recorder)		●		●
Lot/tract tabulation showing area and width at front setback line	●	●		
Lot and block numbers				●
Building setback lines with dimensions	●		●	●
Easements properly identified				●
Identification of open space and/or reserved land uses	●	●	●	
Proposed utility plans (water, wastewater, telephone, gas, electric, CATV)			●	
Cultural features (i.e., streets, bridges, culverts, park areas, structures)	●		●	
Existing contours & reference on-site benchmarks and show elevations			●	
Flood plain areas or areas suspected to be flood prone			●	●
Finished floor elevations for floor prone areas				●
Natural features (i.e., bodies of water, wooded areas, drainage channels)			●	
Storm drainage plans requirements & analysis			●	
Soil tests where structural or operational aspects may be affected			●	
Proposed street design & improvement plans			●	
Proposed material & construction methods for streets, drainage & utilities			●	
Street names on plat as approved by City or OES				●
Street centerline distance, bearing, and curve data				●
Written approval of water/wastewater facilities from Health Department			●	●
Written approval of wastewater treatment facilities by ADEQ			●	●
Written approval & certification of service by all other utility providers			●	●
Request for variances or waivers, if any	●	●	●	

FOR OFFICE USE ONLY

Preliminary Plat Review Fees:

\$350 X _____ lots @ \$5.00/lot = \$ _____

Date _____

Rec'd By _____