



Subdivision Final Plat Approval Form

Cascade County Public Works Department
Planning Division
121 4th St No, STE 2H/I, Great Falls MT 59401
Phone: 406-454-6905 Fax: 406-454-6919

OFFICE USE ONLY

Application #: _____

Fee for Major: **\$400**

Date Form Received: _____

Payment: Check (#) _____ Cash _____ N/A _____

Type of Subdivision: _____

Final Approval/Rejection Date: _____

Date: _____

1. Name of Subdivision: _____

2. Location: _____ 1/4 Section _____ Township _____ Range _____
For Amended Plats: Lot(s) _____ Block(s) _____ Subdivision

3. Name of Subdivider: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

4. Name, address and telephone number of persons of firms providing services and information
(e.g.: surveyor, engineer, designer, planning consultant, attorney)

Name of Representative(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

5. Descriptive Data:

a. Gross area in acres _____

b. Number of lots or rental spaces _____

c. Existing zoning or other regulations _____

6. Date Preliminary Plat Approved: _____

7. Any Conditions? _____ (If Yes, attach list of conditions.)

8. Any Deed restrictions or covenants? _____ (If Yes, attach a copy.)

9. All improvements installed? _____ (If No, attach subdivision improvements agreement or guarantees.)

10. List of materials submitted with this final plat approval form:

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

I do hereby certify that all the statements and information to include those contained in all exhibits transmitted herewith are true. I hereby apply to the Board of Commissioners of Cascade County for approval of the final plat.

Subdivider