



SUBDIVISION APPLICATION
CITY OF BROKEN BOW, NEBRASKA

Items 1 through 14 must be filled out completely before acceptance of this application for processing.

1. Subdivision name: _____
2. Owner's name: _____
3. Owner's home address: _____ Zip: _____
4. Telephone number (home:) _____ (business:) _____
5. Developer's name: _____
6. Developer's address: _____ Zip: _____
7. Engineer's name: _____
8. Engineer's address: _____ Zip: _____
9. Present use of subject property: _____
10. Desired use of subject property: _____
11. Present zoning: _____
12. Legal description of property: _____

13. Area of subject property (square feet and/or acres): _____
14. Please describe and enumerate exhibits (e.g., a plat or site plan showing existing and proposed structures, easements, water courses, curb cutbacks, etc.): _____

Signature of owner: _____
(or)
Signature of authorized agent: _____

Date submitted: _____

Filing fee (\$): _____

Preliminary plat approved (date): _____

Final plat:

| | | | |
|-------------------------------------|-----------------------------------|---------------------------------------|-------------|
| Planning Commission recommendation: | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | Date: _____ |
| Council action: | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | Date: _____ |
| School Board: | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | Date: _____ |

Signatures:

Board of Public Works Chair

Planning Commission Chair

Mayor

School Board President