



115 Locust Street, P.O. Box 127,
Hickman, NE 68372-0127
Phone 402.792.2212 - Fax 402.792.2210
www.hickman.ne.gov

APPLICATION FOR PRELIMINARY PLAT # _____

Legal Description and Location: _____

Subdivider:

Name: _____

Address: _____

Telephone: _____

Agent: (Authorized to act on Subdivider's behalf)

Name: _____

Address: _____

Telephone: _____

Name of Preliminary Plat: _____ **Number of Lots:** _____

Subdivision Preliminary Plat Fee \$200.00 + \$10.00 per Lot (\$2000 max per lot fee) **Fee Total:** _____

A. Does the subdivider have any interest in the land surrounding the preliminary plat? Yes _____ No _____
If yes, please describe the nature of such interest:

B. Will the preliminary plat require any zoning or other action (rezoning, planned development, conditional use or vacations) to complete the development? Yes _____ No _____. If yes please describe the nature of action:

C. Does the preliminary plat deviate from the requirements of the Land Subdivision Ordinance of the City of Hickman or the City's Design Standards: Yes _____ No _____. If yes, please state each deviation, how the proposal meets the intent of the subdivision ordinance and why the proposal should be accepted (Additional sheets may be added):

D. Is any part of the land within the preliminary plat within a flood plain? Yes ____ No _____. If yes, please include the following information: Hydrological and grade information to determine frequency and extent of inundation of flood waters; location of proposed use and type of use; areas of habitation and employment to include location, size and floor elevation of any structures, location and elevation of parking areas, use, location and elevation of open space; all plans and other information conform to Development Standards; limits of the flood plain; amount of Fill Material brought into the flood plain; a certificate that grading will not result in any increase in the flood plain. (Additional sheets may be added):

Signature of Applicant

Printed Name

Date

Signature of City Staff

Printed Name

Date

Office Use Only

Receipt No. _____ Date: _____ Preliminary Plat #: _____ Fee paid \$ _____

Applicant:

Fee:

Preliminary Plat Checklist:

_____ Date application received

_____ Preliminary Plat and notice of Public hearing to City Engineer

_____ Date of Planning Commission Hearing

_____ Planning Commission Public Hearing Published & Posted

_____ Planning Commission Public Hearing & information to Planning Commission

_____ Planning Commission Public hearing Notice & info to City Attorney

_____ Planning Commission notice to Applicant

_____ Planning Commission Public Hearing & information to School District

_____ Planning Commission Public Hearing notice & information to County Planning
(if outside city limits)

_____ Planning Commission Public Hearing notice & information to Lower Platte
South NRD

_____ Planning Commission recommendation to Council _____

_____ Date of City Council Public Hearing

_____ Notice of City Council Public Hearing published & posted three places

_____ City Council Public hearing notice & info to City Council, Mayor & City Attorney

_____ City Council Public hearing notice & info to City Engineer

_____ City Council Public hearing notice & info to County (if outside the city limits)

_____ City Council Public hearing notice & info to School

_____ City Council Public hearing notice & info to Lower Platte South NRD (if applicable)

_____ Notice to applicant

_____ Council Decision