



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 FINAL PLAT

Legal Description and Location: _____

Subdivider:

Name: _____
Address: _____
Telephone: _____

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

Name: _____
Address: _____
Telephone: _____

Name of Final Plat: _____ Number of Lots: _____

Subdivision Final Plat Fee \$200.00 + \$10.00 per Lot (\$2,000 max per lot fee) Fee Total: _____

- A. Does the subdivider have any interest in the land surrounding the final plat? Yes____ No____ If yes, please describe the nature of such interest: _____
- B. Will the final 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. The final plat is based upon the preliminary plat for _____, approved by the City Council on _____, 20____, Resolution No. _____.
- D. Is the final plat consistent with the approved preliminary plat? Yes____ No____ If not, please explain the proposed changes and the reasons on an additional sheet.
- E. Have all the improvements required by the preliminary plat been completed? Yes____ No____ (Please check the Planning Commission's letter indicating the approval of the preliminary plat.) If not, which improvements have not been completed: _____

Signature of Applicant	Printed Name	Date
Signature of City Staff	Printed Name	Date

City Use Only

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