



City of Casper Planning Division

Plat Application

OWNER'S INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

OWNER'S AUTHORIZED REPRESENTATIVE:

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

APPLYING FOR (check one): FINAL PLAT REPLAT MINOR BOUNDARY ADJUSTMENT

NAME OF SUBDIVISION: _____

LEGAL DESCRIPTION OF LAND: _____

COMMON ADDRESS OR LOCATIONAL DESCRIPTION: _____

CURRENT LAND USE: _____

TOTAL ACREAGE: _____ acres/sq ft

NUMBER OF LOTS: _____ (Minor Boundary Adjustment can not exceed 2 lots)

SIZE OF LARGEST LOT: _____

SIZE OF SMALLEST LOT: _____

CURRENT ZONING: _____

PROPOSED ZONING: _____

The following owner's signature, or agent, signifies that all information on the application is accurate and correct to the best of the owner's knowledge, and that the owner has thoroughly read and understands all application information and requirements.

SIGNATURE OF PROPERTY OWNER: _____

DATE: _____

SUBMIT TO:

Community Development Department
Planning Division
200 N David, RM 203
Casper, WY 82601
Phone: 307-235-8241
Fax: 307-235-8362
www.casperwy.gov
E-mail: dhardy@cityofcasperwy.com

COMPLETE SUBMITTAL NEEDS TO INCLUDE::

- COMPLETED APPLICATION INCLUDING ORIGINAL SIGNATURES
- 20 COPIES OF THE PLAT (14 COPIES FOR MINOR BOUNDARY ADJUSTMENT)
- PROOF OF OWNERSHIP
- \$350 (\$150 FOR MINOR BOUNDARY ADJUSTMENT) APPLICATION FEE (NON-REFUNDABLE)

FOR OFFICE USE ONLY:

DATE SUBMITTED: _____

REC'D BY: _____