

# CONDOMINIUM PLAT APPLICATION

## City of Starkville

110 West Main Street

Starkville, MS 39759

Ph:662.323.2525

Email: [buildingdept@cityofstarkville.org](mailto:buildingdept@cityofstarkville.org)



### APPLICANT'S INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### PROPERTY OWNER'S INFORMATION (IF NOT APPLICANT)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### PROPERTY INFORMATION

Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Current Zone District: \_\_\_\_\_

### PROJECT INFORMATION

Proposed Condominium Name: \_\_\_\_\_

If Commercial, Proposed Number of Units: \_\_\_\_\_

If Residential, Proposed Number of Dwelling Units: \_\_\_\_\_

If Multi-Unit Residential, Proposed Number of Bedrooms: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (required if not applicant)