

# PRELIMINARY 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: \_\_\_\_\_

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

Proposed Use:

- Residential
- Institutional
- Commercial
- Industrial
- Mixed Use
- Other

Proposed Number of Lots: \_\_\_\_\_

**Are there any Adversely Affected Parties to the proposed subdivision?**

if "Yes", as part of the application, the applicant must list the names and addresses of any adversely affected parties to the subdivision. If the party is not a signatory of the ownership certificate of the plat, a letter from each adversely affected party agreeing to the vacation or alteration shall be provided prior to the application being reviewed.

Yes  No

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

Property Owner's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ (required if not applicant)