

APPLICATION for PERMIT TO DEVELOP LAND

(MUST Attach Proposed Plat)

LOCUST FORK TOWN

Date _____

Subdivision Name _____

Location _____

Number Proposed lots _____

Type _____ **Major** _____ **Minor**

Total Length Proposed Road(s) _____

Owner(s) / Developer(s) _____

Mailing Address _____

Phone _____

Cell # _____

Fax # _____

email _____

Upon approval of this permit application I (we) hereby agree to comply with all State laws and local regulations as applies to the subdividing and/or development of land. I (we) understand the permit will be valid for 12 months from the issuance date, and may be revoked for non-compliance at anytime by the Town of Locust Fork or their designee.

Owner(s) / Developer(s) Signature

Date