



**Town of Rockwell
Application for
Preliminary Plat Approval**

Application # _____ **Date of Application** _____

Applicant's Name _____

Applicant's Address _____

Contact Phone # _____

Property Owner's Name _____

Property Owner's Address _____

Property Location _____

Tax Map _____ **Parcel #** _____

Above property owner(s) due hereby request that the attached preliminary plat for the stated location be approved as a Subdivision under the Town of Rockwell Subdivision Ordinance.

Owner(s) or Representative Name: _____

Signature: _____

Date: _____

Date Accepted* for Review: _____

Accepted by: _____

Zoning Administrator

***Accepted means all required information, materials, and fee paid are complete for review**