

FINAL PLAT REAPPROVAL APPLICATION

Case Number: _____

Date Filed: _____

Fee Paid: _____



Subdivision Name _____

Applicant _____

Address _____

Phone _____ E-mail _____

Contact person _____

Address _____

Phone _____ E-mail _____

Attorney _____

Address _____

Phone _____ E-mail _____

The undersigned hereby requests that the above named subdivision plat be re-approved by the City Council. This plat was previously approved by Resolution No. _____ on _____; however, it was not recorded within the required 60-day time period.

Owner's signature

Date

Required materials should be submitted via e-mail: planning@bettendorf.org.

Filing Fee

\$250