



Subdivision/Auditor 's Office
 Deborah Seale - 319-653-7718
 222 West Main - PO Box 889
dseale@co.washington.ia.us
 Washington, IA 52353

Application No. _____ (office use only)
Received _____ for _____ review _____ process _____

Application for a Plat of Survey Approval

Property Split Property Line Adjustment Auditor's Plat Tracement R-W Sale

Property Owner Information

Name: _____ Address: _____

 City, ST, Zip: _____ Phone: _____ Fax: _____

Surveyor/Engineer Information:

Name/Company: _____ Phone: _____ Fax: _____

 Mailing Address: _____ City, ST, Zip: _____

Property Information:

Sec. _____ Twp. _____ North Range _____ West; Township Name _____
 Tax Parcel ID No. _____ Property Address: _____

 Present Land Use _____ Proposed Land Use _____

 Is this property in a designated Agricultural District? Yes No (Ch 352-Co.Land Preservation)
 If so, is the Request for Withdrawal prepared? Yes No
 Will there be a transfer between immediate family members - exempt from time of transfer for septic? _____

Certification and Consent:

I certify that the information and exhibits submitted are true and correct to the best of my knowledge and that in filing this application I am acting with the knowledge, consent and authority of the owners of the property. I hereby give my consent to permit County official to enter upon the property for the purpose of inspection and, if necessary, for posing a public notice on the property.

Signature _____ Date _____

For office use:
Application is hereby: Approved <input type="checkbox"/> or Denied for land surveyor to proceed <input type="checkbox"/>
Application is hereby: Approved <input type="checkbox"/> or Denied for survey to be recorded <input type="checkbox"/>
Permission for Subdivision Coordinator to record Plat on behalf of land owner/surveyor yes <input type="checkbox"/>

Plat, application and fee to be submitted jointly to the Subdivision Coordinator