Clayton County Health and Zoning Office

Land Division Application

600 Gunder Rd., Suite 12 Elkader, IA 52043 Telephone (563) 245-2451

Office Use Only												
Tracking Number	Date Submitted	Fee Paid	Hearing Date(s)	Date Approved	Recorded (Final)	Section/Township						

This application will not be accepted until all plats and required accompanying material are attached. Hearings will not be scheduled until such submittals are administratively complete. Initial sketch plans may be presented for review and discussion prior to the application be applied for.

Please Print All Information.											
			operty owner, developer, a of plats and plans are comp		Check applic	ant f	or appropriate custom	er. Applicant will be			
Owner Information		Developer Information, if different ☐ Applicant									
First Name		First Name Last Name									
Company Name			Company Name								
Address			Address								
City		State	Zip	City			State	Zip			
Phone Number (area cod	Phone Number (area code) Fax or E-mail Cell Phone										
Surveyor Information Applicant			Other Please specify:								
First Name		First Name Last Name									
Company Name	Company Name										
Address			Address								
City	Zip	City	City State			Zip					
Phone Number (area cod	Cell Phone	Phone Number (area code) Fax or E-mail Cell Phone				Cell Phone					
2. Type of Submittal (Capply):	heck all that	3. General In	nformation								
			Name								
☐ Final Plat		Name of Cou	unty Road Providing Access:								
☐ Minor Subdivision	ption:										
☐ New Commercial/Ind	ustrial										
☐ Re-subdivision	ways are needed County E	Engineer must be contacted for location approval. Show drives on plat.									
☐ Property Line Adjustn		Has land bee	en divided at any time after	r 1970?							
□ Name changes (road/subdivision) □ Land Division											
4. Extraterritorial Juri	5. Zoning Classification										
☐ Not Applicable	l Not Applicable City:				District:						
6. Subdivision Informa	tion										
Track Size (acres): Number of I		f Lots: Open Space (acres):		Private Road Required: ☐ Yes ☐ No		Wa	astewater Provision:	Water Provision:			
I hereby attest the truth and accuracy of all facts and information presented on this application. No improvement shall be construinstalled until and unless, the final								unless, the final plat has			
Applicant Signature:				Date:		been approved by the Board of Supervisors and recorded at the County Recorder's					