

APPLICATION FOR VACATION OF PLAT
NO PARTIAL FILINGS WILL BE ACCEPTED

Landowner Information

Landowner name(s): _____

Address: _____ Phone: _____

Signature(s) of landowner(s): _____

State of Indiana)

County of Madison) SS:

Subscribed and sworn to, before me, a Notary Public, this _____ day of _____, 20____.

Signature of Notary _____ Printed name of Notary _____

County of Residence: _____ My commission expires: _____

Developer Information, if different than landowner

Name: _____

Address _____ Phone: _____

State of Indiana)

County of Madison) SS:

Subscribed and sworn to, before me, a Notary Public, this _____ day of _____, 20____.

Signature of Notary _____ Printed name of Notary _____

County of Residence: _____ My commission expires: _____

Surveyor/Engineer Information

Surveyor name: _____ Address: _____

Phone number: _____ Fax: _____

Engineer name: _____ Address: _____

Phone number: _____ Fax: _____

Project Information

Development Name: _____ Zoning _____

Section/Phase #: _____ # of lots: _____ Area in acres: _____ Date fee paid: _____

REVISED

APR 20 2009