



**City of Harrisburg
Planning Services**
301 E Willow St. Harrisburg, SD 57032
Phone: 743-5872 x12 Fax: 743-2831

**MINOR PLAT
APPLICATION**

Applicant name: _____ Date: _____

Applicant address: _____

Applicant e-mail address: _____ Phone: _____

Agent name: _____ Phone: _____

Agent address: _____

Property Current Legal Description: _____

Property Proposed Legal Description: _____

Purpose of Minor Plat:

- ___ Lot Split
- ___ Lot Consolidation
- ___ Lot Line Adjustment

This Application form must be accompanied by:

- A non-refundable Minor Plat Application Fee of \$250.00.
- Cost recovery fees of \$_____ for _____
- The signed mylar original of the Plat.

I hereby certify that the above information is accurate and correct and that I am authorized to submit this Minor Plat Application.

Applicant's signature

FOR CITY USE ONLY

Date received: _____

If Planning Commission review is needed, date of Commission meeting: _____

If City Council review is needed, date of Council meeting: _____

Date plat filed with Register of Deeds: _____