



**City of Harrisburg
Planning Services**

301 E Willow St. Harrisburg, SD 57032
Phone: 743-5872 x12 Fax: 743-2831

**PRELIMINARY
PLAN
APPLICATION**

Applicant name: _____ Date: _____

Applicant address: _____

Applicant e-mail address: _____ Phone: _____

Agent name: _____ Phone: _____

Agent address: _____

Property Current Legal Description: _____

Proposed Subdivision Name: _____

Is the Preliminary Plan for a new subdivision ____ or a revision to a
previously-approved Preliminary Plan ____?

This Application form must be accompanied by:

- A non-refundable Plan Review Fee of \$400.00.
- A copy of the Preliminary Subdivision Plan prepared by a Professional Engineer.

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

Applicant's signature

FOR CITY USE ONLY

Date received: _____

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

City Council approval is needed, date of City Council meeting _____