



**City of Harrisburg
Planning Services**
301 E Willow St. Harrisburg, SD 57032
Phone: 605-767-5011

**PRELIMINARY
PLAN
APPLICATION**

Applicant name: _____ Date: _____

Mailing address: _____

Email: _____ Phone: _____

Engineer's name: _____ Phone: _____

Mailing address: _____

Property Legal Description: _____

Proposed Subdivision Name: _____

This Application form must be accompanied by:

- A non-refundable Application fee of \$300.00.
- 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: _____

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