



**City of Harrisburg
Planning Services**
301 E Willow St. Harrisburg, SD 57032
Phone: 767-5010 Fax: 743-2831

**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: _____

If the purpose of this application is to replat property, the plat book and page number of the underlying plat(s) is: Book _____ Page _____

This Application form must be accompanied by:

- A non-refundable Plat Application Fee of \$300.00.
- Cost recovery fees of \$_____ for _____
- The signed mylar original (signed by County Treasurer & Assessor, owner, surveyor, and highway authority, if applicable) of the plat.

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

Applicant's signature

FOR CITY USE ONLY

Date received: _____

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

Date plat filed with Register of Deeds: _____