

## REPLAT APPROVAL GUIDE AND APPLICATION

### **APPLICATION CHECKLIST:**

1. Letter of intent.
2. Nine (9) copies of a drawing to scale of the lot(s) involved, as well as a digital copy in AutoCAD format and georeferenced in NAD83 Arkansas State Plane Coordinates, North Zone.
3. \$25 application fee.
4. Source of title to the property.
5. All other documents as specified in the Replat Requirement Checklist (**see below**).
6. Application must be filed at least 15 days prior to a regular meeting of the planning commission.

### **PROCEDURE:**

1. The planning commission shall review the application at the next regularly scheduled meeting after receiving the completed application with all required attachments.
2. If the commission determines that the Replat meets the requirements of the subdivision code, then the commission shall certify its approval of the plat, make proper notation on the original tracing of said plat, and permit the plat's recording in the office of the Circuit Clerk Recorder.

### **REPLAT REQUIREMENT CHECKLIST:**

- Name of subdivision
- Name and address of owner(s) of subdivision
- Boundary and written legal description of subdivision
- Legal description of parcels or lots that result from the subdivision or Replats
- Streets, alleys, and easements bordering or abutting the subdivision
- Dimensions in feet and decimal parts thereof, and curve data for all lots, blocks, and street lines
- Building setback lines with dimensions
- Name of engineer or surveyor preparing the final plat
- Date, map, scale, and north arrow
- Acreage being subdivided
- Location of all monuments
- Approval of the Arkansas Department of Health of the sanitary sewer system if the requirements for sewer disposal of the Replat are to be met by any other means than by connection to a sewer operated by the City of Brookland

City of Brookland  
613 Holman St.  
Brookland, AR 72417  
PHONE: 870-935-0538

## REPLAT APPLICATION

Property Owner  
Name/Signature: \_\_\_\_\_

Spouse  
Name/Signature: \_\_\_\_\_

Property Address: \_\_\_\_\_

Development Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned property owner designates the following agent or attorney to represent the applicant at all hearings:

Name	Address	City	State	Phone No.
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\_\_\_\_\_  
Property Owner Signature

Property Owner Mailing Address	City	State	Zip
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Phone: \_\_\_\_\_