

City of Ottawa Community Development Department

101 S. Hickory, P.O. Box 60, Ottawa, KS 66067

(785) 229-3620 Fax (785) 229-3625

www.ottawaks.gov

Concept Plat Application

Date submitted:_____

Name of Subdivision:_____

Name of Applicant:_____

Address:_____

Phone:_____ **Fax:**_____ **E-Mail:**_____

Names of Local Agent:_____

Address:_____

Phone:_____ **Fax:**_____ **E-Mail:**_____

Owner of Record:_____

Address:_____

Phone:_____ **Fax:**_____ **E-Mail:**_____

Surveyor:_____

Address:_____

Phone:_____ **Fax:**_____ **E-Mail:**_____

Subdivision Location:_____

Land Use Proposed:_____

Total Acreage:_____ **Zoning:**_____ **Number of Lots:**_____

Legal description:_____

Owner/Applicant/Agent signature

Date

Submittals	Number of Copies
1 st	21 – 24 X 36
2 nd	7 – 24 X 36
Final	4 – 24 X 36 and 19 – 11 X 17