



**A Final Plat CANNOT be recorded without receiving original signatures for each line item.
*Signatures must be acquired in order below.***

Case No(s): _____ Project Name: _____ Contact Name: _____ Phone: _____ Email: _____
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The below items have been completed by the subdivider, inspected, and approved to the satisfaction of your agency:

Agency	Item	Bonded?	Completed?	Signature	Date
Central District Health Department	• Copy of letter lifting sanitary restrictions	N/A	Yes No		
Fire Authority	• Fire Hydrants	N/A	Yes No		
	• Fire Flow	N/A	Yes No		
	• All Weather Roads	N/A	Yes No		
Planning & Zoning	• Conditions of Approval	N/A	Yes No		
	• Preliminary Plat Conformance	N/A	Yes No		
	• Fees Paid	N/A	Yes No		
	• Landscaping/Open Space	Yes No	Yes No		
	• Fencing	Yes No	Yes No		
	• Streetlights	Yes No	Yes No		
GIS	• Water Rights Annexed	N/A	Yes No		
	• Record Plans Received	N/A	Yes No		
City Engineer	• Water/Sewer/Irrigation	N/A	Yes No		
	• Final Review & Check-off	N/A	Yes No		
City Clerk	• Council Approval Date	N/A	Yes No		