



GALLATIN COUNTY

Final Plat Subdivision Application

1. Subdivider hires a qualified professional(s) to complete the final plat and conditions of approval.
2. Subdivider pays all real property taxes and special assessments assessed and levied on the land to be subdivided.
3. Subdivider and professional submit required documents to County Attorney's Office and the Planning Department at least 30 days before submitting for final plat.
4. Subdivider and professional submit two (2) complete final plat applications and fee to the Planning Department.
5. Planner reviews application for completeness.
6. Subdivider and professional submit signed mylars.
7. Planner schedules the applicable public meetings before the County Commission and notifies Subdivider.
8. Planner sends Subdivider a copy of the staff report.
9. Subdivider attends the public meeting.
10. County Commission makes a decision to approve, deny or continue the subdivision final plat. Planner submits mylars to County Commission for signature.
11. County Commission signs the approved plat and any other applicable documents.
12. County Commission returns signed mylars to Planner after the public hearing.
13. Planner notifies Subdivider that Planning Department portion is completed.
14. Subdivider pays Clerk & Recorder to record the plat and all required documents.



GALLATIN COUNTY Final Plat Subdivision Application

1. Subdivision Name: _____

2. Date of Preliminary Plat Approval: _____

3. Subdivision Type:

- First Minor Subdivision from a Tract of Record (Substantiated)
- Second or Subsequent Minor Subdivision From a Tract of Record
- Major Subdivision

4. Project Size: _____ Density (units/acre): _____

5. Type of Subdivision:

- | | |
|--|--|
| <input type="checkbox"/> Single-Family | Number of Lots: _____ |
| <input type="checkbox"/> Multi-Family | Number of Lots: _____ Number of Units: _____ |
| <input type="checkbox"/> Commercial/Industrial | Number of Lots: _____ |
| <input type="checkbox"/> RV Park | Number of Spaces: _____ |
| <input type="checkbox"/> Mobile Home Park | Number of Spaces: _____ |
| <input type="checkbox"/> Mobile Home Subdivision | Number of Lots: _____ |
| <input type="checkbox"/> Other: _____ | |

6. Condominium: Yes No Number of Lots: _____ Number of Units: _____

7. DOR #: 06 _____
(4) (2) (1) (2) (2) (4)

8. Project Location (Legal): _____

9. Project Location (Common): _____

10. Project Description: _____

11. Current Land Use: _____

12. Zoning District: _____ Zoning Designation: _____

13. Property Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

14. Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

15. Preparer/Agent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

16. Surveyor/Engineer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

- 17. A final plat submittal must include specific topics and materials. Please refer to the Gallatin County Subdivision Regulations Section 5.G for the specific requirements. Any item considered “non-applicable” must be explained in a narrative and any supporting information included.
- 18. Submit two (2) complete copies of the information in three ring binders with tabs separating sections.
- 19. Original mylar with all the appropriate certificates signed.
- 20. Six (6) copies of the final plat, 24”x36” size, folded down to 8.5”x11” or 11”x17”.
- 21. Documents which satisfy the conditions for final plat approval.
- 22. Copy of Abstract of Title and County Attorney approval.
- 23. Provide a single PDF file of the complete application and supporting materials.
- 24. This application must be signed by both the applicant and property owner (if different) before the submittal will be accepted.

I (We) hereby certify that the above information is true and correct to the best of my (our) knowledge.

Applicant's Signature _____

_____ Date

Property Owner's Signature _____

_____ Date

If property has multiple owners, please inquire with Planning Department for required signature(s).

DEPARTMENT USE ONLY

_____ Deficiencies Review Date _____

_____ Tentative County Commission Public Hearing Date _____

_____ Date _____

_____ *Planning Staff Signature*