CITY OF PLAQUEMINE
Office of the City Inspector

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(Physical)

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PROPERTY RE-SUBDIVISION APPLICATION

DATE: _____

OWNER OF PROPERTY: _____

ADDRESS OF OWNER: _____

_____

PERSON APPLYING FOR RESUBDIVISION: _____

ADDRESS OF PERSON APPLYING FOR RESUBDIVISION: _____

_____

PHONE NUMBER(S) OF PERSON APPLYING: _____

PHYSICAL ADDRESS OF PROPERTY TO BE RESUBDIVIDED:

_____

LOT: _____ **SQUARE:** _____**SUBDIVISION:** _____

LOT OR PLOT WIDTH: _____ **On** **STREET** _____

LOT OR PLOT DEPTH: _____ **On** **STREET** _____

SELECTMAN DISTRICT NUMBER: _____

PRESENT USE OF PROPERTY: _____

REQUEST FOR: _____

Additional Reason(s) for Re-subdivision Request: _____

_____