



Subdivision Name: \_\_\_\_\_

**Applicant Information and Authorization**

*(attach name and contact information of any additional owners, local agents, buyers under contract, attorneys, etc. if necessary)*

**Owner(s) of Record 1:** \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

**Owner(s) of Record 2:** \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

(if different than owner)

**Developer(s):** \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

**Other Contact (specify):** \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

This is to certify that all above Applicants of this subdivision have authorized me to prepare a plat of subdivision that fully complies with the provisions of the City of Topeka's Subdivision Regulations. The Applicant(s) further understands that if any contract, option, agreement, etc. with any other individual/entity is executed for purchase of said described real property prior to the recording of said plat of subdivision, such individual/entity is required to be signatory to the subdivision. The information and data indicated by this application is true and correct to the best of my knowledge and a copy of this completed application has been forwarded to the Applicant(s).

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Submitting Consulting Engineer/Surveyor

\_\_\_\_\_  
Signature of Submitting Consulting Engineer/Surveyor

Firm Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_