

622 Crook Street
Custer, SD 57730

Planning Department
E-Mail: ctyplan@gwtc.net

Phone: (605) 673-4824
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SUBDIVISION APPLICATION

Applicant: _____
Address: _____

City State Zip
Phone: _____
Fax: _____
Signature: _____
Date: _____

(Owner of property if different than applicant)

Owner: _____
Address: _____

City State Zip
Phone: _____
Signature: _____
Date: _____

Agent: _____
Address: _____

City State Zip
Phone: _____
Fax: _____

Subdivision Regulation Exception: *(list specific section and description of exception)* _____

Legal Description:

Lot(s) _____
Block _____
Subdivision _____

Section _____
Township _____
Range _____

Size: _____ (acres) **Location:** _____
Physical Characteristics: _____
Water: _____ **Sewer:** _____

Office Use Only

Date Received _____	Application #: _____
Received By: _____	Tax ID #: _____
Filing Fee: _____	Planning Commission Date and Time: _____
Receipt: _____	City Council Date and Time: _____