



TOWN OF ATLANTIC BEACH

Application for Minor Plat/Sketch Plan Review

General Information

Name on Plat:

PIN:

Project Contact:

Telephone Number/E-mail Address:

Are there restrictive covenants on this property that would prohibit or conflict with this plan?

YES NO

STAFF USE ONLY:

IS THIS A RESUBMITTAL: () YES () NO

Date Received: _____ Due Date: _____

Receipt #: _____ Taken By: _____

Check #/ Cash/ Credit Card: _____ Amount: _____