622 Crook Street
Custer, SD 57730

# Planning Department

Phone: (605) 673-4824
Fax: (605) 673-2411

## Subdivision Permit Application

| Applicant Information | (Owner of property if different than applicant) |
|---|---|
| Applicant_____ | Owner _____ |
| Address_____ | Address_____ |
| _____ | _____ |
| *City* *State* *Zip* | *City* *State* *Zip* |
| Phone _____ | Phone _____ |
| E-mail: _____ | E-mail: _____ |

**Describe Current Use** _____

_____

**Subdivision Regulation Exceptions**_____

_____

**Legal Description: Subdivision** _____

**Lot** _____ **Block** _____ **Section** _____ **Township** _____ **Range** _____

**Size** _____ (acres)(square feet) **Location / Address** _____

**Water** _____ **Sewer** _____

Submissions Shall be Submitted at Least 20 Days Prior to the Planning Commission Meeting

Please Attach the Following Information as Required at least 20 days prior to the Planning Commission Meeting.

- ☐ One 15 x 25 copy of plat
- ☐ One 11 x 17 copy of plat
- ☐ Payment of appropriate fees
- ☐ Site Plan as needed – A Site Plan is mapped or drawn to scale information to show buildings, parking and existing features

**I, the owner gives the Custer City Planning Department permission to access the above described Property for all subdivision planning activities.** _____ Initial

**Owner Signature:** _____**Date:** _____

Official Use Only

| | |
|---|---|
| Date Filed _____ | Permit Fee _____ |
| PC Date(s) (tentative) _____ | Zoning_____ |
| CC Date(s) (tentative) _____ | Parcel ID _____ |
| | Received By _____ |