

CITY AMENDED PLAT/CERTIFICATE OF SURVEY CHECKLIST AND TREASURER'S CERTIFICATE

AMENDED PLAT NAME (if applicable): _____

Instructions: The following documents must be filed with the plat/survey if checked below. A Departmental Official is to place a check in the blank provided if the document is required, or to write "N/A" if not required, then initial the appropriate checklist section when review has been completed.

_____ **CITY-COUNTY HEALTH DEPARTMENT**

_____ Certificate of Approval, DEQ

_____ **CITY LAND USE PLANNING**

_____ **CITY ENGINEER**

_____ Copy of state highway access permit

_____ **CITY ATTORNEY**

_____ Preliminary commitment for title insurance or platting report, issued within thirty (30) days of the date of submission of the platting report to the City Attorney's Office and disclosing all title owners and lienholders. _____

_____ Consents to plat from: _____

_____ **CITY TREASURER**

TREASURER'S CERTIFICATE

I hereby certify pursuant to Section 76-3-611(1)(b) and 7-4-2613(1)(a)(ii) M.C.A. that as of this _____ day of _____ (*month/year*), real property taxes and assessments that have been assessed and levied on the below-described land to be divided are paid:

SUID# _____

Legal

Description: _____

Subdivision Name (if applicable): _____

Deputy County Treasurer

(SEAL)