

# **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)