## MINERAL COUNTY PLANNING COMMISSION

150 ARMSTRONG STREET KEYSER, WEST VIRGINIA 26726 TELEPHONE: (304) 788-1457

## APPLICATION FOR TYPE B MINOR SUBDIVISION PERMIT

OWNER/DEVELOPE ADDRESS:	RS NAME:		TELEPHONE:			
GRANTEE'S NAME: ADDRESS:		TELEPHONE:				
SIGNATURE OF OW	NER/DEVELOPER:		DATE:			
NAME OF SURVEYOR OR ENGINEER: ADDRESS:			TELEPHONE: LICENSE NUMBER:			
Describe the property	y location, including refe	rence and distance to Sta	te roads:			
TAX DISTRICT:		TAX MAP:	PARCEL ID:			
PREVIOUS DEED BO	OK REFERENCE:					
LOT SIZES:			SIZE OF PARENT PARCEL:			
SEWAGE PERMIT:			DOH ENTRANCE PERMIT:			
******	*******	*******STAFF USE ONL	Y*************			
FEE:	ATTORNEY:		TELEPHONE:			
DATE RECEIVED:	E RECEIVED: DATE REVIEWED:					
ADDITIONAL MATER	RIAL REQUESTED:					
PLAT REVIEW NOTE	S:					
DATE APPROVED:		PLANNING DIREC	CTOR:			