



Fairbanks North Star Borough
Department of Community Planning
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For Office Use Only

Received By: _____

Receipt No.: _____

Date Submitted: _____

PLAT MODIFICATION APPLICATION

File No. _____

FEES: \$400 Preliminary Plat Modification

*******FEES ARE NON-REFUNDABLE*******

\$200 Quick Plat Modification

Surveyor:

Business Name:

Contact Name:

Mailing Address:

City, State Zip:

Contact Phone:

E-mail:

Description of Modification Requested:

Submittal Requirements:

- 5 copies of the requested modified plat

The Fairbanks North Star Borough is subject to the Alaska Public Health Records Act, AS 40.25 et seq. and this document may be subject to public disclosure under state law.