**CONDITIONS OF APPROVAL RESPONSE MATRIX**

Name of Plat:

Responses Provided By:

|  |
| --- |
| **Conditions of Approval | Hearing Examiner Preliminary Plat Decision** |
| **Condition No.** | **Condition** | **Response** | **Staff Review** |
| *1.* | *Text from Preliminary Plat Decision* | *Response by Applicant* |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |