



Pasco County Surveying and Mapping

Date:

## Plat Division Work Order

Acella Number

Plat Name:

Sec – Tsp - Rng

PLAT- -

Ordered By:

Date Needed:

Company:

PRM

PCP

Lot Corner

Contact Name:

Office Number:

Cell Number:

Signature:

**NOTE:** Benchmark  
Report is due at PCP &  
Lot Corner Inspection

### ***Plat Inspection***

\_\_\_\_ PRM      Approved: YES \_\_\_\_ NO \_\_\_\_

Date of Inspection:

Inspected By:

**BENCHMARK REPORT RECEIVED:    Yes \_\_\_\_    No \_\_\_\_**

\_\_\_\_ PCP      Approved: YES \_\_\_\_ NO \_\_\_\_

Date of Inspection:

Inspected By:

\_\_\_\_ Lot Corner      Approved: YES \_\_\_\_ NO \_\_\_\_

Date of Inspection:

Inspected By:

### ***Re-inspection (\$370 fee... Payable to: Pasco County BOCC)***

\_\_\_\_ PRM      Approved: YES \_\_\_\_ NO \_\_\_\_      Date:      Inspected By:

\_\_\_\_ PCP      Approved: YES \_\_\_\_ NO \_\_\_\_      Date:      Inspected By:

\_\_\_\_ LOT CORNER      Approved: YES \_\_\_\_ NO \_\_\_\_      Date:      Inspected By:

If NO, see comments below: