

APPLICATION FOR SUBDIVISION PLAT REVIEW

DATE: _____

PROPERTY OWNER NAME: _____

MAILING ADDRESS: _____

TELEPHONE: (____) _____

LOCATION OF PROPERTY (ROAD NAME AND ESTIMATED DISTANCE FROM NEAREST INTERSECTION):

PARCEL TAX MAP NUMBER - SECTION _____ BLOCK _____ LOT _____

TOTAL AREA OF PARENT PARCEL (ACRES): _____

DESCRIBE THE NUMBER OF LOTS, ACREAGE, AND PURPOSE OF THE PROPOSED SUBDIVISION:

LIST THE USES ON SURROUNDING PROPERTIES:

LIST ATTACHMENTS TO THIS APPLICATION (SEE §9 OF THE REGULATIONS)

SIGNATURE: _____

TYPED/PRINTED NAME: _____