



APPLICATION FOR SUBDIVISION
Planning & Development Services

OFFICE USE ONLY	
Petition No. _____	Fee: \$ _____
1 st Step Mtg Date: _____	EZ Fee: \$ _____
Tax Map No. _____	Receipt No. _____
Account No. 001-660-6680-3401 []	
Account No. 001-660-6680-1124 (Enterprise Zone) []	
Account No. 001-660-6680-1125 (Enterprise Zone Credit []	

CHECK ONE:

Design **Final** **Minor** **Single lot replat**

(See Sec. 30-180 to 30-193 for a definition of the above.)

Owner(s) of Record (please print)	Applicant(s)/Agent(s), if different
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
(If additional owners, please include on back)	
INFORMATION CONCERNING SUBDIVISION	
Tax parcel no(s): _____	
Subdivision name: _____	
Parcel location: _____	
Comprehensive Plan designation: _____	Zoning: _____
Gross area of subdivision (in acres): _____	
Total number of lots: _____	
Gross density (lots per gross acre): _____	

I certify that the above statements are correct and true to the best of my knowledge.

Applicant's signature

Date

Certified Cashier's Receipt: