



## APPLICATION FOR SUBDIVISION APPROVAL

### PLANNING DEPARTMENT

171 North Ross Street, Suite 100  
Auburn, AL 36830  
(334) 501-3040 ~ Fax: (334) 501-7293

Applicant Name: _____	Project Name: _____
Mailing Address: _____ _____	Site Address: _____ _____
Email Address: _____	Phone Number: _____ Fax Number: _____

**A COPY OF THE DEED TO THE SUBJECT PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION. If the applicant is not the owner, then a letter allowing the applicant to act as an "authorized agent" must also be on file. FIVE FULL-SIZE PAPER COPIES AND ONE 11X17 REDUCTION MUST ALSO ACCOMPANY THE APPLICATION. All associated fees will be charged to the applicant unless otherwise arranged.**

General Location or Address of Subject Property: \_\_\_\_\_

Gross Area: \_\_\_\_\_ ac/sq ft      Proposed Land Use: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_

Type of Plat Approval Requested:

- Conventional       Performance  
 Lot Layout       Preliminary       Final (includes Administrative Approvals)

Does Subject Property currently front on a public road?  Yes  No

Does any part of the Subject Property lie within the 100-year flood plain?  Yes  No

Does the subdivision require any other official action by the City? If so, please specify:

- Annexation       Rezoning to: \_\_\_\_\_       Other: \_\_\_\_\_

Number of Lots Proposed: \_\_\_\_\_

Gross Density: \_\_\_\_\_ (# D.U./total acres)

Size of Largest Lot: \_\_\_\_\_ sq ft  
(The subdivision plat must show the sizes of all lots.)

Size of Smallest Lot: \_\_\_\_\_ sq ft

Is Water service currently available?  Yes  No

If not City of Auburn water service, please specify: \_\_\_\_\_

Is Sewer service currently available?  Yes  No

**Required Documents Attached:**

- Engineering Certification     Deed     Authorization to Act as Applicant     Five full-size Copies     11x17 Reduction

***I, the applicant, certify that all of the above facts are true and correct to the best of my knowledge. I further understand that this submission will be verified by Planning Department staff for completeness within two business days in accordance with the City's regulations. An application that is deemed incomplete could result in the application not being considered at the next meeting. If this is the case, then I will be notified by telephone accordingly by the staff within two business days.***

Applicant's Signature: _____	Date: _____
Applicant's Name (Please print): _____	

Received By: \_\_\_\_\_ Date: \_\_\_\_\_