

Subdivision_____

Date_____



SUBDIVISION APPLICATION INSTRUCTIONS

If assistance is needed in filling out this application, contact the Development Services Director at 803.548.3513.

Planning Commission meetings are held the first (1st) Monday of the month at 6:30 p.m. in the Council Chambers, lower level of The Glennon Center located at 15077 Molokai Drive.

The attached application must be filled out completely and all fees paid in full at time of submission.

APPLICATION FEES:

Administrative Subdivision Review:	\$75
Minor Subdivision:	\$600
Major Subdivision	
-Sketch Plan	\$100
-Preliminary Plat	\$600 + \$20 per lot
-Final Plat	\$1,000
-Revision to an Approved Plat	\$300

Subdivision _____

Date _____



SUBDIVISION APPLICATION

GENERAL INFORMATION

PROPERTY OWNER'S NAME: _____

ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

PHONE: _____
WORK HOME MOBILE

EMAIL: _____

ENGINEER'S/SURVEYOR'S NAME: _____

ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

PHONE: _____
WORK HOME MOBILE

EMAIL: _____

SUBDIVISION TYPE AND DESCRIPTION

PROPOSED SUBDIVISION NAME (if applicable): _____

Type of Submittal (please check one): Sketch Plan ___ Minor Subdivision Plat ___
Preliminary Plat ___ Final Plat ___ Revision to Approved Plat ___

PROPERTY TAX MAP #(s): _____

PHASE & MAP # (if applicable): _____ TOTAL ACRES: _____

NUMBER OF LOTS: _____ NUMBER OF NEW STREETS: _____

TOTAL LENGTH OF STREETS: _____ STREET TYPE: Public ___ Private ___

OPEN SPACE ACREAGE: _____ AMENITIES: _____

CURRENT ZONING: _____ ELECTRIC SERVICE: _____

Subdivision _____

Date _____

APPLICATION CERTIFICATIONS

I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable City ordinances and state laws related to the use and development of the land. I further certify that I am the property owner, or his/her authorized agent, of the subject site(s). I understand that falsifying any information herein may result in rejection or denial of this request.

APPLICANT **DATE**

I (we) certify that I (we) are the owners of the property involved in this application and further that I (we) designate the person signing as applicant to represent me (us) in this subdivision application.

PROPERTY OWNER (S) **DATE**

****ATTACH OWNER'S NOTARIZED WRITTEN AUTHORIZATION IF OWNER'S SIGNATURE CANNOT BE OBTAINED.***

OFFICE USE ONLY

AMOUNT PAID: _____ **CHECK #:** _____ **CASH AMOUNT:** _____

DATE RECEIVED: _____ **RECEIPT #:** _____

PLANNING COMMISSION MEETING DATE: _____

ACCEPTED BY: _____
PLANNING OFFICIAL **DATE**