



SUBDIVISION APPLICATION INSTRUCTIONS

If assistance is needed in filling out this application, contact the Planning and Development Manager at 803.548.3513. Ext 4

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 (*this is not a public hearing*).

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:	\$500
Major Subdivision	
-Sketch Plan	\$100
-Preliminary Plat	\$500 + \$20 per lot
-Final Plat	\$1,000
-Revision to an Approved Plat	\$300

Please print with ink or use a typewriter to fill out forms.

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): _____

Is the Proposed Subdivision: Administrative Subdivision ___ Minor Subdivision ___
Major Subdivision ___ Revision to Approved Plat ___

PHYSICAL LOCATION OF THE PROPOSED SUBDIVISION: _____

PROPERTY TAX MAP #: _____ TOTAL ACRES: _____

NUMBER OF LOTS: _____ NUMBER OF NEW STREETS: _____

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

PROPOSED TOTAL/TYPE OF OPEN SPACE: NUOS _____ COS _____

CURRENT ZONING: _____ ELECTRIC SERVICE: _____

WATER SERVICE: _____ SEWER 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