

SUBDIVISION REQUEST FORM



AMOUNT DUE \$25.00

Receipt No./Date Paid _____

AMOUNT DUE \$200.00 (Public Hearing Fee)

Receipt No./Date Paid _____

To be considered at the next meeting of the
Planning and Zoning Commission on _____

DATE: _____

PLANNING AND ZONING COMMISSION - CURRENT ZONING: _____

NAME: _____

ADDRESS: _____

PHONE: _____

LOCATION: _____

REQUEST AND REASON: _____

SKETCH AND MEASUREMENTS - include all property lines, streets, buildings, etc.

Signature _____ Date _____