AUBURN

Case #: _____

APPLICATION FOR SUBDIVISION APPROVAL

PLANNING DEPARTMENT
171 North Ross Street, Suite 100
Auburn, AL 36830
(334) 501-3040 ~ webplanning@auburnal.gov

Applicant Name: _____	Project Name: _____
Mailing Address: _____	Site Address: _____
_____	Phone Number: _____
Email Address: _____	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 Size of Smallest Lot: _____sq ft
(*The subdivision plat must show the sizes of all lots.)*

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: _____