

Date: _____
Application Number: _____

SUBDIVISION/RESUBDIVISION APPLICATION

Property Address: _____

Zone: _____ Assessor's Map & Lot Number: _____

Subdivision/Resubdivision Name: _____

Owner Name: _____

Owner Address: _____

Phone Number(s): _____

Agent/Applicant Name: _____

Agent/Applicant Address: _____

Phone Number(s): _____

Surveyor Name: _____

Surveyor Address:

Phone Number(s): _____

Total Acreage: _____ # of Front Lots: _____ **Total # of Lots:** _____
of Rear Lots: _____

The following waivers of the Subdivision Regulations are requested:

Section(s): _____

Section(s): _____

Section(s): _____

Are there any mortgages, liens or encumbrances on the property? (If yes, please list.) _____

Signature: _____ Date: _____

Owner Applicant Agent

Commission Action: **Approved** **Denied** **Date of Action:** _____

Remarks or Reasons for Disapproval: _____

SIGN OFFS

Health Department: Approved Denied Plan Date: _____

Comments: _____

Date: _____ Signature: _____

Fire Marshal: Approved Denied Plan Date: _____

Comments: _____

Date: _____ Signature: _____

BVFD Representative: Approved Denied Plan Date: _____

Comments: _____

Date: _____ Signature: _____

Public Works Director: Approved Denied Plan Date: _____

Comments: _____

Date: _____ Signature: _____

Tree Warden: Approved Denied Plan Date: _____

Comments: _____

Date: _____ Signature: _____
