APPLICATION FOR SUBDIVISION SKETCH PLAT APPROVAL

| DATE: | |
|--|---|
| PROPOSED SUBDIVISION NAME: | |
| AGENT'S NAME: | |
| ADDRESS: | |
| TELEPHONE NUMBER: | |
| OWNER'S NAME: | |
| ADDRESS: | |
| TELEPHONE NUMBER: | |
| WHAT IS THE RELATIONSHIP OF APPLICAN | Γ TO OWNER? |
| LOCATION OF PROPOSED SUBDIVISION: | |
| LOCATION OF PROPOSED SUBDIVISION: AREA OF PROPOSED SUBDIVISION: | ACRES: |
| CURRENT ZONING: | |
| CURRENT LAND USE CLASSIFICATION: | |
| CURRENT USE OF THE SITE: | |
| | |
| PLEASE NOTE: PLANNING AND ZONING COMMISSION | |
| | OUR APPLICATION. ALL APPLICANT'S ARE NOTIFIED |
| THAT IF YOUR APPLICATION IS DENIED, IT SHALL NO PERSON WISHING TO APPEAL THE RECOMMENDATION | |
| THE DECISION OF THE FRANKLIN COUNTY BOARD O | |
| ENSURE THAT A VERBATIM TRANSCRIPT OF THE PRO | |
| | |
| I hereby certify, as a representative for | |
| that the information given is true and accurate to the | ie best of our knowledge. |
| | |
| Agent's Signature | Owner's Signature |
| TO BE FILLED IN B | Y PLANNING OFFICIAL |
| Major or Minor Subdivision: | |
| Planning & Zoning Commission Recommendation: | Date: |
| Board of County Commissioners Action: | |
| | |
| Comments: | Datc |
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CHECKLIST OF INFORMATION REQUIRED FOR SKETCH PLAT APPROVAL

| N | NAME OF PROPOSED SUBDIVISION |
|--------|---|
| N | NORTH ARROW |
| (| GRAPHIC & WRITTEN SCALE |
| I | BOUNDARY SURVEY & LEGAL DESCRIPTION |
| (| CURRENT ZONING |
| | NUMBER OF ACRES & NUMBER OF PROPOSED LOTS |
| | PRELIMINARY STREET & LOT LAYOUT |
| | VICINITY MAP SHOWING ALL LAND WITHIN 100 FEET OF PROPOSED SUBDIVISION |
| | |
| | |
| AND | |
| 1. | AREA PROPOSED FOR DEVELOPMENT |
| 2. | SURROUNDING STREETS |
| 3. | |
| 4. | |
| 5. | |
| 6. | SURROUNDING PROPERTY OWNERS |
| | A CTATEMENT DECADDING AVAILABILITY AND COUDE OF DOTABLE WATER |
| | A STATEMENT REGARDING AVAILABILITY AND SOURCE OF POTABLE WATER |
| AND HU | W SEWER AND STORMWATER WILL BE HANDLED. |