SUBDIVISION APPLICATION

SHELBY COUNTY DEPARTMENT OF DEVELOPMENT SERVICES

TELEPHONE (205) 620-6650 ≈ FAX (205) 620-6630

☐ **Administrative Review**
- ○ Family
- ○ Minor
- ○ Final
- ○ Other _____

☐ **Non-Administrative Review – Public Hearing**
- ○ Master Plan
- ○ Preliminary
- ○ Condominium
- ○ Other _____

PROPERTY INFORMATION

SUBDIVISION NAME:_____ **CASE NO.** _____

PARCEL I.D. _____ **ZONING:** _____

TOWNSHIP _____ **RANGE** _____ **SECTION** _____ **NO. ACRES** _____ **NO. LOTS** _____

GENERAL LOCATION/ADDRESS: _____

APPLICATION DATE: _____ **MEETING DATE:** _____

CONTACT INFORMATION

Applicant Name:_____**Company:**_____

Telephone: _____**Cell:** _____ **Email:**_____

Address: _____
Street City State Zip

Engineer/Surveyor Name:_____**Company:**_____

Telephone: _____**Cell:** _____ **Email:**_____

Address: _____
Street City State Zip

Property Owner (if different from Applicant): _____ **Telephone:** _____

PROJECT DATA

Is any part of the subject property located within the 100-year flood plain? _____
Is Water service currently available?_____ Source? _____
Is Sewer service currently available?_____ Source? _____
What School District will service the subject property? _____

ACKNOWLEDGEMENT

I, the undersigned Applicant, hereby apply for favorable consideration of the Shelby County Planning Commission to subdivide the above-described land as outlined in the plat accompanying this application. Said property is described by the preceding Parcel I.D. and/or attached legal description.

I, the undersigned Applicant, understand that the payment of these fees does not entitle me to approval of this plat and that no refund of these fees will be made. Furthermore, I hereby waive the requirements as set forth in Acts 82-693, 84-454 and 89-673 of the Alabama Legislature, and other provisions of the Code of Alabama (1975), as amended, that the Commission render a decision within 30 days.

I, the undersigned Applicant, have reviewed a copy of the applicable subdivision requirements as set forth in the Subdivision Regulations of Shelby County. I understand that this application will not be placed on an agenda and/or scheduled for a public hearing until technical review determines accuracy and completion of maps and documents. I understand that I must be present on the date of the hearing; the Planning Commission will not take any action on a case in which is present to officially represent the property owner(s). Please call (205) 620-6650 if any questions arise.

Signed _____ Date: _____

Please Print Name _____

FEES: Application fee is $50 per lot. You will be billed for postal expenses associated with the required notification of adjacent property owners. Applicant shall provide name and mailing address for abutting property owners. Payment is due upon application.

OFFICE USE ONLY

APPLICATION FEE _____ **CERTIFIED MAIL FEE** _____ **TOTAL AMOUNT PAID** _____

RECEIPT NO. _____ **DATE:** _____

RECEIVED BY: _____ **CASE REVIEWED BY:** _____

Form SA-1 Revised 3/2007 (Form and fees may be changed without notice.)