

PLANNING COMMISSION

City of Columbiana
107 Mildred Street
Columbiana, AL 35051

SUBDIVISION REQUEST

SECTION I

All applicants are to complete the following:

Name of Property Owner: _____

Name of Applicant if different from Property Owner: _____

(If applicant different from owner, notarized written permission of owner must be attached)

Address of Applicant: _____

Telephone: _____

Property Description:

Land Lot(s): _____ Tax Map Id: _____

Frontage (feet): _____ Depth (feet): _____ Area: _____ (acres/square feet)

Street Address/Road Name: _____

Current Zoning Classification on Subject Property: _____

Reason for subdivision requested: (Be Specific)

Detail any topographic conditions or other circumstances to be considered by this request:

Are variances necessary to achieve relief? Yes _____ No _____

SECTION II

Please list ALL adjoining property owners by name and address:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

SECTION III

Required Enclosures with Application:

- _____ Written justification for subdivision request
- _____ Vicinity Map
- _____ Plot Plan to scale showing all existing and/or proposed lots

Applicant's

Signature: _____ **Date:** _____

Owner's

Signature: _____ **Date:** _____

Please include the non-refundable \$25 Application fee with your rezoning request. Notice will be given to all contiguous property owners. There may be 2 public hearings during the subdivision process. The cost for property owner notices and the newspaper advertising of these public hearings are the responsibility of the party that is making the rezoning request. Make checks payable to: City of Columbiana