APPLICATION FOR SUBDIVISION PRELIMINARY PLAT APPROVAL

DATE:_____

PROPOSED SUBDIVISION NAME: AGENT'S NAME: ADDRESS:		
TELEPHONE NUMBER:		
OWNER'S NAME: ADDRESS:		
TELEPHONE NUMBER:		
SKETCH PLAT WAS APPROVED:		
NUMBER OF LOTS IN SUBDIVISION:	·	
FEE:	\$	
THAT IF YOUR APPLICATION IS DENIED, IT PERSON WISHING TO APPEAL THE RECOM THE DECISION OF THE FRANKLIN COUNTY ENSURE THAT A VERBATIM TRANSCRIPT (I hereby certify, as a representative for that the information given is true and acc	IMENDATION OF THE Y BOARD OF COUNTY OF THE PRCEEDINGS	2 PLANNING AND ZONING COMMISSION OR 7 COMMISSION ARE RESPONSIBLE TO 1S MADE,
Agent's Signature	Own	er's Signature
TO BE	E FILLED IN BY PLANNING	OFFICIAL
Planning & Zoning Commission Recomm	nendation:	Date:
Board of County Commissioners Action:		Date:
Comments:		

CHECKLIST OF INFORMATION REQUIRED FOR PRELIMINARY PLAT APPROVAL

NAME OF SUBDIVISION

- _____ NORTH ARROW
- _____ GRAPHIC & WRITTEN SCALE
- **_____ BOUNDARY SURVEY & LEGAL DESCRIPTION**
- _____ CURRENT ZONING
- _____ NUMBER OF ACRES & NUMBER OF PROPOSED LOTS

NAMES	&	ADDRESS	OF .	
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OWNER(S)
DEVELOPER(S)
LAND SURVEYOR
ENGINEER

- _____ TOPOGRAPHIC MAP WITH CONTOUR INTERVALS AT 1 FOOT.
- DIMENSIONS AND LOCATIONS OF ALL PARCELS TO BE DEDICATED OR RESERVED FOR PUBLIC OR COMMON USE.
- LOCATION OF EXISTING STREETS, EASEMENTS, UTILITIES, STORM WATER MANAGEMENT FACILITIES OR OTHER IMPROVEMENTS.
- _____ STREET LAYOUT, PARKING AREAS, & STREET NAMES.
- _____ NUMBERED LOTS & BLOCKS.
- _____ SCHEMATIC DRAWINGS OF PROPOSED POTABLE WATER SYSTEMS.
- **SCHEMATIC DRAWINGS OF PROPOSED SANITARY SEWER.**
- **DRAFT COPIES OF PROPOSED COVENANTS, DEED RESTRICTIONS, AND HOMEOWNERS OR CONDOMINIUM DOCUMENTS.**
- LOCATION OF STREAMS, LAKES, SWAMPS, WETLANDS, AND FLOOD PRONE AREAS.
- **FLOOD ZONE AND BASE FLOOD ELEVATIONS.**
- _____ PROPOSED BULKHEADS, SEAWALLS, & SIMILAR STRUCTURES.
- _____ PHASES INDICATED.