

Case #: \_\_\_\_\_

# APPLICATION FOR SUBDIVISION APPROVAL

## CITY OF WETUMPKA

P.O. BOX 1180  
Wetumpka, AL 36092  
(334) 567-1313 ~ Fax: (334) 567-1307

Applicant Name: _____	Project Name: _____
Mailing Address: _____ _____	Site Address: _____
Email Address: _____	Phone Number: _____
	Fax Number: _____

**A COPY OF THE DEED TO THE SUBJECT PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION. If the applicant is not the owner, then a letter allowing the applicant to act as an "authorized agent" must also be on file. FIVE FULL-SIZE PAPER COPIES AND ONE 11X17 REDUCTION MUST ALSO ACCOMPANY THE APPLICATION. All associated fees will be charged to the applicant unless otherwise arranged.**

General Location or Address of Subject Property: \_\_\_\_\_

Gross Area: \_\_\_\_\_ ac/sq ft Proposed Land Use: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_

Type of Plat Approval Requested:

Lot Layout  Preliminary  Final (includes Administrative Approvals)

Does Subject Property currently front on a public road?  Yes  No

Does any part of the Subject Property lie within the 100-year flood plain?  Yes  No

Does the subdivision require any other official action by the City? If so, please specify:

Annexation  Rezoning to: \_\_\_\_\_  Other: \_\_\_\_\_

Number of Lots Proposed: \_\_\_\_\_

Gross Density: \_\_\_\_\_ (# D.U./total acres)

Size of Largest Lot: \_\_\_\_\_ sq ft  
(The subdivision plat must show the sizes of all lots.)

Size of Smallest Lot: \_\_\_\_\_ sq ft

Is Water service currently available?  Yes  No

Is Sewer service currently available?  Yes  No

### Required Documents Attached:

Construction Plans  Deed  Authorization to Act as Applicant  Five full-size Copies  11x17 Reduction

***I, the applicant, certify that all of the above facts are true and correct to the best of my knowledge. I further understand that this submission will be verified by City of Wetumpka staff for completeness in accordance with the City's regulations. An application that is deemed incomplete could result in the application not being considered at the next meeting.***

Applicant's Signature: _____	Date: _____
Applicant's Name (Please print): _____	

Received By: \_\_\_\_\_ Date: \_\_\_\_\_