# APPLICATION FOR ADMINISTRATIVE SUBDIVISION APPROVAL

***CITY OF CONSISTENCY PLANNING DEPARTMENT***

*333 Admin Drive, Consistency, AL 00000*

*(333) 333-3333/FAX (331) 333-3331*

[*www.xxxxxxxx.xxx*](http://www.xxxxxxxx.xxx/)

|  |
| --- |
| *OFFICE USE ONLY* |
| SUBDIVISION NAME: |
| CURRENT ZONING |
| CASE # | X-REF CASE # |

## APPLICANT NAME:

**ADDRESS:**

**DAYTIME PHONE: FAX:**

**EMAIL:**

* **A COPY OF THE DEED TO THE SUBJECT PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION.**
* **IF THE APPLICANT IS NOT THE CURRENT OWNER, THEN A SIGNED STATEMENT ALLOWING THE APPLICANT TO ACT AS AN “AUTHORIZED AGENT” MUST BE ON FILE.**
* **ALL ASSOCIATED FEES WILL BE CHARGED TO THE APPLICANT UNLESS OTHERWISE ARRANGED.**
* **ALL ADJOINING PROPERTY OWNERS MUST SIGN A WAIVER OF PUBLIC HEARING**

General Location or Address of Subject Property: Gross Area: ac.

Proposed Land Use: Does Subject Property currently front on a public road?

Does any part of the Subject Property lie within the 100-year flood plain? 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:

Size of Largest Lot: (*The subdivision plat must show the sizes of all lots.)*

Size of Smallest Lot:

Is Water service currently available? Is Sewer service currently available?

Member of Planning Department reviewing this application:

*I, the applicant, certify that all of the above facts are true and correct to the best of my knowledge.*

|  |  |
| --- | --- |
| APPLICANT’S SIGNATURE: | DATE: |
| PRINT NAME: |

Received: Date:

**ADSD**

Revised 08/17

# AUTHORIZATION TO ACT AS APPLICANT

**CITY OF CONSISTENCY PLANNING DEPARTMENT**

*333 Admin Drive, Consistency, AL 00000*

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I, , being owner of the property which is the subject of this application hereby authorize , to act as my representative with the City of Consistency’s (Board of Zoning, and/or Planning Commission, and/or City Council), as required by the type of request listed on the attached application form.

Property Owner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Property Owner’s Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#

Authorized Agent’s Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#

**STATE OF ALABAMA COUNTY OF FAIRPLAY**

I, , a Notary Public in and for said County and State, hereby certify that

 , whose name is signed to the foregoing document, and who is known to me or acknowledged before me on this day, that being informed of the contents of said document, did execute the same voluntarily on the day that bears the same date.

Given my hand and seal of office this \_\_\_\_\_\_\_\_\_\_\_ day of \_,

Notary Public

My Commission Expires: