Submission Deadline: _____ **Hearing Date:** _____

SUBDIVISION APPLICATION

CITY OF LINCOLN PLANNING & DEVELOPMENT SERVICES
150 Magnolia Street, Lincoln, AL 35096
(205) 763-7777

PLEASE READ ALL INFORMATION CAREFULLY AND COMPLETE FULLY

	--OFFICIAL USE ONLY--
APPLICANT'S NAME:	Site Address:
	Project Name:
	Current Zoning:
MAILING ADDRESS:	Permitted Use? Conditional Use? *(circle one)*
	Administrative Review Y/N
DAYTIME TELEPHONE:	Master Plan/Special District Y/N
	Tax Parcel I.D.:
EMAIL:	Case #: X-Ref Case #:

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.

General Location or Address of Subject Property: _____
Gross Area: _____ acres Is the property located in the city limits? Yes
Proposed Land Use: _____

Type of Plat Approval Requested:
☐ Design Scheme ☐ 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? ☐ YES ☐ NO, 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? No _____ If NO, is it available within 300 feet?_____
Is Sewer service currently available? No _____ If NO, is it available within 300 feet?_____
If not City of Lincoln water service, please specify: _____

Staff Member and/or Committee reviewing this application: _____

I, the applicant, certify that all of the above facts are true and correct to the best of my knowledge. I understand that any approval(s) granted pursuant to this application shall be subject to all applicable regulations of the City of Lincoln.

APPLICANT'S SIGNATURE:	DATE:
PRINT NAME:	

*Application Fee: $*_____ Received By: _____ Date:_____

Paid By: ☐ Cash ☐ Check #_____ ☐ Credit Card

SD
Revised 08/14