



SUBDIVISION APPLICATION

Department of Planning & Development

P.O. Box 2128

Dothan, Alabama 36302-2128

334-615-4410 – Office 334-615-4419 – Facsimile

(PLEASE PRINT OR TYPE ON APPLICATION)

SUBDIVISION NAME: _____

APPLICANT NAME: _____

CONTACT PERSON (If other than Applicant) _____

PROPERTY OWNER (If other than Applicant) _____

ADDRESS OR LOCATION OF PROPERTY _____

ACREAGE OF PROPERTY: _____ PRESENT ZONING: _____ TYPE: Residential Commercial

PROPERTY INFO.: Section: _____ Zip Code: _____
Township: _____ Census Tract: _____
COUNTY: _____ Range: _____ Flood Zone: _____

PRELIMINARY PLAT FINAL PLAT RESUBDIVISION RESURVEY

CONTACT INFORMATION:

MAILING ADDRESS: _____ TELEPHONE NO(S): _____

FAX NO: _____

E-MAIL: _____

ACKNOWLEDGEMENT (Read Carefully)

I, the undersigned applicant, hereby apply for favorable consideration to subdivide the above described land as depicted on the drawing and legal description accompanying this application. I understand that the payment of fees does not entitle me to approval of this plat and no refund will be made. I further waive the requirements of Ala. Code 11-52-32 as amended, that a decision is rendered within 30 days.

I acknowledge that I have received a copy of the attached plat checklist and understand that it is a guide to assist in the preparation of my plat and understand it is my responsibility to observe the provisions of the City of Dothan Subdivision Regulations. I acknowledge that it is the policy of the Planning Commission to consider the application only if all of the requirements of the checklist have been met and that I must be present at the date of the hearing.

I also understand that I am responsible having posted, at my expense, one or more Public Notice signs on the property as required by the City of Dothan. Signs shall be posted as directed at least fourteen (14) days prior to the scheduled Planning Commission meeting and that the content and format of the sign(s) must conform to the Planning Commission's requirements.

PRINTED NAME: _____

REPRESENTING: _____

SIGNATURE: _____

POSTING PUBLIC NOTICE SIGN DEADLINE: _____

Office Use Only:

Date of Receipt

Receipt Number

Case Number

Case Manager