



CITY OF ATHENS
 Planning & Zoning Department - Athens City Hall
 200 Hobbs St W.
 Athens, AL 35611
 Phone: (256) 233-2224
 Hours: Mon-Fri, 8:00 a.m. to 4:30 p.m.
ESCD@athensal.us

APPLICATION DATE: _____

SUBDIVISION APPLICATION

****ALL INFORMATION MUST BE PROVIDED FOR APPLICATION TO BE CONSIDERED COMPLETE****
 SUBDIVISIONS AND CERTIFICATES ARE REGULATED BY THE [CITY OF ATHENS SUBDIVISION REGULATIONS](#)

PROJECT NAME: _____

NAME OF APPLICANT: _____

EMAIL: _____

APPLICATION TYPE(S):

(NOTE: EACH APPLICATION TYPE REQUIRES A SEPARATE APPLICATION AND FEE)

- | | | |
|-------------------|----------------------------------------------------------|--------------------------------------|
| CERTIFICATE TO... | <input type="checkbox"/> SUBDIVIDE | <input type="checkbox"/> CONSOLIDATE |
| SUBDIVISION... | <input type="checkbox"/> LAYOUT (required if >= 25 Lots) | <input type="checkbox"/> PRELIMINARY |
| | <input type="checkbox"/> FINAL* | <input type="checkbox"/> MINOR* |

***SUBDIVISION FEE DUE AT TIME OF SUBMITTAL**

- | | |
|----------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> LIST OF ADJACENT PROPERTY OWNERS | <input type="checkbox"/> OWNER AUTHORIZATION FORM |
| <input type="checkbox"/> PUBLIC HEARING NOTIFICATION AFFIDAVIT | <input type="checkbox"/> TITLE OPINION |
| <input type="checkbox"/> COPY OF NOTIFICATION LETTER | |

PAYMENT: CASH CREDIT CHECK # _____

SUBDIVISION FEE: (\$100/LOT) # OF PROPOSED LOTS _____ × \$100 PER LOT = FEE \$ _____ (Due at Final)

NOTIFICATION: _____ (# OF ADJOINING PROPERTY OWNERS)

PROPERTY INFORMATION:

PARCEL ID #(S):
NUMBER OF PROPOSED LOTS: _____ <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER NUMBER OF ACRES: _____

WILL YOU BE REQUESTING NATURAL GAS AT THIS LOCATION? YES NO
 *If yes, please contact the Gas Department at (256) 232-1440 for further information.

CHECKLIST:

APPLICATION

PLAT / CERTIFICATE (1 PAPER COPY, 24" x 36")

PDF COPY OF PLAT / CERTIFICATE

PETITIONER (IF APPLICABLE: OWNERSHIP AUTHORIZATION, POWER OF ATTORNEY, PURCHASE AGREEMENT, OFFER, ETC.)

NAMES OF CERTIFICATE(S)/SUBDIVISION(S):

IF MORE THAN ONE, PLEASE LIST ITEMS IN AN ORDER THAT MAKES SENSE WHEN PRESENTING.

1. _____

2. _____

3. _____

IF ANOTHER REQUEST THAT HAS THE SAME PROPERTY INVOLVED ON THE SAME AGENDA, DESCRIBE THE OTHER REQUEST: _____

WHAT IS THE GOAL OF THIS SUBDIVISION / CERTIFICATE? _____

NOTES (ANY INFORMATION HELPFUL TO REVIEW PROCESS: _____

CONTACT INFORMATION:

PROPERTY OWNER (1)	PROPERTY OWNER (2)
Company _____	Company _____
Name _____	Name _____
Address _____	Address _____
Address _____	Address _____
Phone _____	Phone _____
Email _____	Email _____

(PLEASE ATTACH A SEPARATE SHEET IF MORE THAN TWO PROPERTY OWNERS ARE INVOLVED.)

PETITIONER
FILL OUT THIS SECTION IF DIFFERENT FROM PROPERTY OWNER(S)

Company _____

Name _____

Address _____

Phone _____

Email _____

ENGINEER/SURVEYOR

Company _____

Name _____

Address _____

Phone _____

Email _____

PLANNING COMMISSION PUBLIC HEARING NOTIFICATION AFFIDAVIT

I (have notified/ will notify) all adjacent property owners of all property lines of the property located at:

(street address or nearest cross street)

that a public hearing will be held in the City Council Chambers of the Athens City Hall, 200 Hobbs Street West, at 5:30 P.M. on

_____, 20_____, which informs owners of their right to attend the public hearing in order to express their opinion regarding the request enclosed within this application. The attached list constitutes all of the adjacent owners of real property of all property lines for which a public hearing is required.

I (have notified/ will notify) these owners by Certified U.S. Mail at least 14 days prior to the above stated meeting date.

Applicant's Name (printed): _____

Applicant's Signature: _____ Date _____

Sworn to and subscribed before me on this the _____ day of _____, _____.

(SEAL)

Notary Public

My Commission Expires on _____

PLANNING COMMISSION OWNER AUTHORIZATION FORM

APPLICANTS FOR SUBDIVISION: Fill out only section (1) below if property owner is same as applicant. Fill out sections (1) and (2) below if applicant is other than property owner. Please type or print requested information.

(1) I, _____, hereby certify that I am the owner of property, located at:

(street address, parcel number, or described area)

(2) I hereby authorize the application for subdivision by the following agent to be submitted to the City of Athens for review and decision by the Planning Commission:

(name of agent)

Applicant's Name (printed): _____

Applicant's Signature:

Date

Sworn to and subscribed before me on this the _____ day of _____, _____.

(SEAL)

Notary Public

My Commission Expires on _____