



**CITY OF ATHENS**  
 Engineering Services & Community  
 Development Department  
 Athens City Hall, 200 Hobbs St W, Athens, AL 35611  
 Phone: (256) 262-1412  
 Hours: Mon-Fri, 8:00 a.m. to 4:30 p.m.  
<mailto: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**

- LIST OF ADJACENT PROPERTY OWNERS
- PUBLIC HEARING NOTIFICATION AFFIDAVIT
- 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 5:45 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 \_\_\_\_\_