**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? _____
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? _____ If NO, is it available within 300 feet?_____
Is Sewer service currently available? _____ 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