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****This application shall be made available upon request****

PREVIOUS EDITIONS OF THE
FORM ARE OBSOLETE

FORM REVISED:
28 April 2008



Town of Bowling Green Subdivision of Land Application

Application is hereby made for a Subdivision of Land, in accordance with the description and for the purpose hereinafter set forth. This application is made subject to all local and state laws and ordinances, which are hereby agreed to by the undersigned, and which shall be deemed a condition entering into the exercise of this application.

Owner/Applicant

Name

Daytime Telephone Number

Mailing Address

On behalf of (Business/Company/Partnership/Corporation Name)

Name

Daytime Telephone Number

Same as owner

Mailing Address

Property Information

Tax Map/Parcel Number

Existing Use/Zoning

Address/Location

Existing Structures (number and type)

Type of Application

Please check appropriate box

Property Line Adjustment

Plat of Correction

Major Subdivision (4 or more parcels)

Minor Subdivision (3 or less parcels)

Number of Acres _____

Number of Acres _____

Number of Parcels _____

Number of Parcels _____

Covenants and Waivers

Are there any covenants of record existing or proposed?

Are there any waivers requested?

Yes

No

Yes

No

Certification by Owner/Applicant

I certify that I have the authority to make the foregoing application, that the information given is correct, including any attached plans or drawings, and that all construction will conform with all applicable state, county, and town laws, ordinances, and regulations with regard to zoning, subdivision of land, health and building. I do hereby certify that I have read and am familiar with the requirements for the subdivision of plats as provided under the Subdivision Ordinance, Code of the Town of Bowling Green, and further that this submittal is in compliance with those requirement, or waivers have been properly requested in accordance with the Subdivision Ordinance, Code of the Town of Bowling Green. Failure to do so will automatically render this application invalid.

Date

Owner/Applicant Signature

**** FOR TOWN USE ONLY ****

Recommendation of Planning Commission

Date Received _____

Recommend Approval

Recommend Disapproval Date _____

Action by Town Council

Date Received _____

Approved

Disapproved

Date _____

Recommendation of Director of Public Works

Date Received _____

Recommend Approval

Recommend Disapproval Date _____

Zoning Administrator (Property Line Adjustment or Plat of Correction)

Approved

Disapproved

Approved with Conditions (See Attached)

Zoning Administrator Signature

Date

Application Fee Paid \$ _____

Date Filed _____