

Date: _____ Proj # _____ **PUTNAM COUNTY SUBDIVISION APPLICATION**

Applicant	Name: _____ Telephone: _____
	Fax: _____ Cell: _____ Email: _____
	Address: _____

Contact Person (if same, write same)	Name: _____ Telephone: _____
	Fax: _____ Cell: _____ Email: _____
	Address: _____

Property Owner Who is Conveying the Property (if same, write same)	Name: _____ Telephone: _____
	Fax: _____ Cell: _____ Email: _____
	Address: _____

To Whom is the Property Being Conveyed? (if same, write same)	Name: _____ Telephone: _____
	Fax: _____ Cell: _____ Email: _____
	Address: _____

Engineer or Surveyor	Name: _____ Telephone: _____
	Fax: _____ Cell: _____ Email: _____
	Address: _____

Attorney	Name: _____ Telephone: _____
	Fax: _____ Cell: _____ Email: _____
	Address: _____

Property Location: _____
address or street/road city

Tax Map: _____ **Parcel:** _____ **Zoning District:** _____

Detailed directions to the property:

Number of lots to be subdivided from original lot: _____ **Acreage of each lot subdivided from original lot:** _____

Acreage of original lot: _____ **Number of lots previously divided from original lot:** _____

Description of all contiguous holdings in the same ownership: _____ _____	Name of water service provider: _____
	Check one: <input type="checkbox"/> property served by septic <input type="checkbox"/> property served by sewer name of sewer service provider: _____

Is there an existing residential structure(s) on the lot? Yes No **If yes, how many?** _____

Is there an individual sewage disposal system on the lot? Yes No

Are any variances from the Subdivision Regulations requested? Yes No If yes, state the variance request: _____

Are there covenants, encumbrances, rights-of-way, or other types of legal restrictions on the property? Yes No

If yes, state the legal restrictions: _____

COMPLETE THE FOLLOWING TO ASSIST IN CLASSIFYING THE SUBDIVISION OF PROPERTY:

If the property is being conveyed to a family member, state the family relationship: _____

If the plat is merging property, state the contiguous parcels of land: parcel # _____ shall be merged with parcel # _____

state the name of the grantor and the grantee: Grantor: _____ Grantee: _____

If the plat has boundary changes, state the changes: _____

If the plat is drawn from an existing plat, state the recordation information: Cabinet: _____ Slide: _____

If the plat is drawn from an existing deed, state the recordation information: Deed Book: _____ Page: _____

If the plat is created for a nondevelopment purpose, state the purpose: _____

state the name of the grantor and grantee: Grantor: _____ Grantee: _____

I, _____, depose and say that all of the above statements and the statements contained in the documents submitted herewith are true. I understand the Putnam County Subdivision Regulations.

Signature _____

Address _____

Date _____

CHECK ALL THAT APPLY:

- I am the property owner conveying property.
- I am the person being conveyed the property.
- I am the engineer or surveyor.
- I am the attorney.
- I am an agent. If an agent, for whom: _____

PLANNING COMMISSION USE:

Classification: Major Minor Exempt Boundary Change Merger Plat from Recorded Plat

Plat from Recorded Deed Nondevelopment Zoning District: _____

Zoning Requirements: _____

Subdivision Fee: _____ Amount Paid: _____ Receipt #: _____ Invoice #: _____ Cash Check #

Comments: _____

Water Service Provider approval: Approved Disapproved

COMMENTS:

Sewer Service Provider approval: Approved Disapproved

Health Department approval: Approved Disapproved

Planning Commission approval: Approved Disapproved

Date of Planning Commission approval: _____ Planning Commission Officer: _____