

Date: _____ **PUTNAM COUNTY SUBDIVISION APPLICATION**

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

| | |
|---|---|
| Contact Person (if same, write same) | Name: _____ Telephone: _____ Fax: _____ Cell: _____ Email: _____ Address: _____ |
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|---|---|
| Property Owner Who is Conveying the Property (if same, write same) | Name: _____ Telephone: _____ Fax: _____ Cell: _____ Email: _____ Address: _____ |
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|--|---|
| To Whom is the Property Being Conveyed? (if same, write same) | Name: _____ Telephone: _____ Fax: _____ Cell: _____ Email: _____ Address: _____ |
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|-----------------------------|---|
| 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:** _____

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| 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: _____