



APPLICATION FOR SUBDIVISION

Contact Planning & Development (864) 467-4476

Office Use Only:	
Application# _____	Fees Paid _____
Date Received _____	Accepted By _____
Date Complete _____	App Deny Conditions _____

APPLICANT/OWNER INFORMATION

*Indicates Required Field

	APPLICANT	PROPERTY OWNER
*Name:		
*Title:		
*Address:		
*State:		
*Zip:		
*Phone:		
*Email:		

PROPERTY INFORMATION

*SELECT SUBDIVISION TYPE: Major Preliminary (3-10 lots) Major Preliminary (11+ lots) Minor (2 lots)
 Major Final (3-10 lots) Major Final (11+ lots)
 Modification (Major 3+ lots) Modification (Minor 2 lots)

*STREET ADDRESS _____

*TAX MAP #(S) _____

*CURRENT ZONING DESIGNATION _____

*ORIGINAL APPLICATION # _____

*SUBDIVISION PLAT # _____

*SUBDIVISION NAME _____

*TOTAL ACREAGE _____

*# ORIGINAL LOTS _____ *# PROPOSED LOTS _____

INSTRUCTIONS

1. The applicant is encouraged to schedule a preapplication conference at least one (1) month prior to the scheduled submission deadline. At this time, the applicant may also be encouraged to schedule a sufficiency review one (1) to two (2) weeks prior to the scheduled submission deadline to allow staff review of the application. Call (864) 467-4476 to schedule an appointment.

PREAPPLICATION MEETING DATE _____

2. If the application includes more than one (1) parcel and/or more than one (1) owner, the applicant must provide the appropriate deed book/page references, tax parcel numbers, and owner signatures as an attachment.

9. To that end, the applicant hereby affirms that the tract or parcel of land subject of the attached application **is** ___ or **is not** ___ restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the requested activity.

*Signatures	
Applicant	
Date	
Property Owner/Authorized Agent	
Date	