

**APPLICATION FOR**

(CHECK ONE)

SHORT SUBDIVISION (4 OR FEWER LOTS)       SUBDIVISION

Property Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant (if different than owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Surveyor / Engineer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Location: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Comprehensive Plan Designation: \_\_\_\_\_

Acreage: \_\_\_\_\_ No. of Lots Proposed: \_\_\_\_\_

Average lot size: \_\_\_\_\_ Largest lot size: \_\_\_\_\_ Smallest lot size: \_\_\_\_\_

Domestic Water Provider: \_\_\_\_\_

Attachments:

- Narrative that explains the proposal, how water and wastewater disposal will be addressed for each lot, how each lot is accessed, the purpose of any non-residential lots, any special design considerations, nature of any dedications or anticipated on-site or off-site infrastructure improvements, effects on adjoining property and roads. Describe how the lots comply with the standards of City Code.
- Title report showing ownership and encumbrances on the subject property.
- Plat and signature page that meets requirements of IC 50-1304 and City Code.
- Supplementary page depicting topography, existing structures, septic systems and utilities
- Adjacent property owner’s list including 2 sets of mailing labels for properties within 300 feet of the subject property. (Not required for short subdivision)
- Affidavit of Representation
- 4 or more photos of the site, including photo key that shows the orientation of each photo
- Existing or proposed restrictions or covenants
- Application fees

Burden of proof and compliance with City of Dalton Gardens City Code are the responsibility of the Applicant. All fees associated with the application are nonrefundable.

I attest that the application, attachments and exhibits are true and complete to the best of my knowledge.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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|--|------------|---------------|
| <input type="checkbox"/> Application Package Complete                  | Date _____ |               |
| <input type="checkbox"/> Fees Paid                                     | Date _____ | Check # _____ |
| <input type="checkbox"/> Public Hearing scheduled: Planning Commission | Date _____ |               |
| <input type="checkbox"/> Public Hearing scheduled: City Council        | Date _____ |               |
| <input type="checkbox"/> Approved or Denied                            | Date _____ |               |
| <input type="checkbox"/> Order of Decision Signed                      | Date _____ |               |