

Office Use Only:	Case No. _____	Received By: _____	Date: _____
	Application Fee: _____	Receipt No. _____	



# **CITY OF ROBERTSDALE** **SUBDIVISION APPLICATION**

P.O. Box 429  
Robertsdale, AL 36567

Phone: (251) 947-2466  
Fax: (251) 947-2619  
TDD (251) 947-2122

<b><u>Owner(s)</u></b>	
Name: _____	
Mailing Address: _____	
City: _____	State: _____ Zip code: _____
Telephone: _____	Fax: _____ e-mail: _____
Application must be accompanied by a current (within 60 days from date of application) title policy, title opinion, or title report, verifying ownership. Said title document shall cover a period of no less than 30 years;	

<b><u>Site Information</u></b>	
Parcel ID Number:	05-____ - ____ - ____ - ____ - ____ - ____ - ____ . ____
	05-____ - ____ - ____ - ____ - ____ - ____ - ____ . ____
	05-____ - ____ - ____ - ____ - ____ - ____ - ____ . ____
	05-____ - ____ - ____ - ____ - ____ - ____ - ____ . ____
Subdivision Name: _____	Proposed Number of Lots: _____
Is this property within the City Limits of Robertsdale? <input type="checkbox"/> yes <input type="checkbox"/> no	
(If not, provide a copy of transmittal showing that this has been submitted to the Baldwin County Engineer for review.)	
Flood Zone: _____	Zoning Classification: _____ Acreage: _____

<b><u>Subdivision Type</u></b>		
Check One:		
<input type="checkbox"/> Sketch Plat	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Final Plat

**Utility Information**

Electrical Provider: \_\_\_\_\_ Telephone Provider: \_\_\_\_\_

Sewer Provider: \_\_\_\_\_ Water Provider: \_\_\_\_\_

(A letter of willingness and ability to serve must be submitted for all non-municipal utility providers)

**Professional Information**

Engineer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Surveyor: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

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I hereby certify that the information stated on and submitted with this application is true and correct. I also understand that the submittal of incomplete or incorrect information will result in this application not being placed on the next Planning Commission agenda. I agree to not begin any construction or improvements until a permit is issued by the City Engineer to allow such. I understand that payment of these fees does not entitle me to approval of this application and that no refund of these fees will be made. I have reviewed the Land Use Ordinance of the City of Robertsdale and understand that I must be present on the date of the Planning and Zoning Commission meeting.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If you are not the property owner you must submit Agent Authorization Form signed by the property owner)