SUBDIVISION APPLICATION
City of Trussville
131 Main Street - P. O. Box 159
Trussville, AL 35173
Phone: (205) 655-7478   Fax: (205)655-7487
Lynn B. Porter - Direct (205) 661-4050

Property Information
Name of Subdivision
Property Address/Location
Tax Parcel I.D. Number
Present Zoning Classification
Number of lots contained in total development In this sector

Owner Information (if different)
Name:
Address:
Telephone:                 Fax:                 E-Mail

*** An application filed by any person or entity other than the property owner requires the owner’s signature on the application or a notarized letter from the owner authorizing the person or entity to act on the owner’s behalf.***

Developer Information
Name:
Address:
Telephone:                 Fax:                 E-Mail

**Subdivision Street Names Must Be Submitted and Verified Prior to Submitting Final Map**

_________________________________________  ____________________
Signature                                    Date

SUBDIVISION SUBMITTAL: All documentation, maps, plats, and fees must be submitted a minimum of 10 days prior to the hearing.

Amount Collected: _________________________
Date Received: ___________________________
Received By: _____________________________