

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: _____