

**PERRY COUNTY  
SUBDIVISION & LAND DEVELOPMENT PLAN APPLICATION**

*Please complete entire form before submission*

<b>GENERAL INFORMATION</b>						
Municipality:			Plat Title:			
Plan Classification (Check one) <input type="checkbox"/> Subdivision <input type="checkbox"/> Land Development <input type="checkbox"/> Combination Subdivision and Land Development			<input type="checkbox"/> Preliminary <input type="checkbox"/> Final <input type="checkbox"/> Preliminary/Final		<input type="checkbox"/> Lot Addition	
Landowner(s):			Telephone Number:			
Address(s):						
Landowner'(s) Agent:			Telephone Number:			
Address:						
Surveyor			Telephone Number:			
Address:						
Engineer			Telephone Number:			
Address:						
Landscape Architect			Telephone Number:			
Address:						
<b>SUBDIVISION RELATED QUESTIONS</b>						
Total lot area before subdivision:			Subdivided area in acres: (Only the portion of the lot being subdivided)			
Remaining (ie. residual) lot area:						
Existing # of developable lots:		Proposed # of developable lots:		Proposed # of new dwelling units:		
Existing sewerage	<input type="checkbox"/> Public <input type="checkbox"/> On-lot sewage system <input type="checkbox"/> None	<input type="checkbox"/> Proposed Municipal Sewerage <input type="checkbox"/> Public	<input type="checkbox"/> On-lot sewage system <input type="checkbox"/> Individual well(s)	<input type="checkbox"/> Private, community /package sewage system <input type="checkbox"/> Community water system	<input type="checkbox"/> None	
Existing water	<input type="checkbox"/> Public <input type="checkbox"/> Individual well(s) <input type="checkbox"/> None	<input type="checkbox"/> Proposed municipal water <input type="checkbox"/> Public	<input type="checkbox"/> Individual well(s)	<input type="checkbox"/> Community water system	<input type="checkbox"/> None	
Existing # of non-developable lots:		Proposed # of non-developable lots:		Reason for not showing lot developability:		

<b>LAND DEVELOPMENT RELATED QUESTIONS</b>			
Proposed Impervious Area:		Developed Area: (Area of land proposed to be disturbed)	
Proposed Building Floor Area:			
Proposed Structural Improvements:			
<b>ZONING QUESTIONS</b>			
(Where applicable) Have you contacted the municipal zoning officer? ___YES ___NO			
If yes, what is the zoning district(s) for this property:			
Existing Land Use:		Proposed Land Use:	
Are any zoning variances/subdivision and land development modifications (waivers) requested? ___YES ___NO			
If zoning variances/subdivision and land development modifications (waivers) requested:			
<b>OTHER RELEVANT QUESTIONS FOR DISCLOSURE AND DIRECTION</b>			
Is this property enrolled in the Clean and Green Program? ___YES ___NO			
If you answered yes to the previous question, please contact the Perry County Assessment Office.			
Is this property located in an Agricultural Security Area? ___YES ___NO			
Have the development rights been purchased on this property for any easement purchase program? ___YES ___NO			
Have any deed restrictive covenants been placed on the present deed for the property? ___YES ___NO			
If you answered yes to either of the previous two questions, please provide a copy of the deed with your application.			
Was the digital file of the plan sent (under 20 megabytes)? ___YES ___NO			
Email address for individual handling the application: _____			
Fees Submitted: \$	Check Number:	Signed by:	Date:

**NOTE:** The Perry County Planning Commission meeting is held on the 3<sup>rd</sup> Wednesday of every month at 7:00 PM. The monthly meeting cutoff date for plan submission is fifteen (15) days prior to the meeting at 4:00 PM.

Signature of person completing this application: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of person completing the application: \_\_\_\_\_

The following authorization statement must be completed by the landowner(s) when he, she, or they will not be handling their application for subdivision and land development.

*I am/ We are the exclusive landowner(s) of record for the land involved in this Subdivision or Land Development and do hereby authorize \_\_\_\_\_ (Print Name of Entrusted Agent) to be my/our agent and to handle this application on my/our behalf. We also entrust all formal correspondence, including written acceptance of conditions should the need arise, after discussing such matters with me/us.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_