



**APPLICATION FOR
SUBDIVISION APPROVAL
PLANNING DEPARTMENT
700 FOX TRAIL
OPELIKA, AL 36801**

PC DEADLINE: _____ PC MEETING: _____

SITE ADDRESS: _____

PROPERTY OWNER /AUTHORIZED REPRESENTATIVE: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

EMAIL ADDRESS: _____

TYPE OF PLAT APPROVAL REQUESTED

- SKETCH PLAN ADMINISTRATIVE PRELIMINARY FINAL

Does the subdivision require any other official action by the City? _____

- Annexation Rezoning Other _____

PARCEL INFORMATION

Subdivision Name: _____ Number of Lots: _____ x \$3.00 = \$ _____

Current Land Use: _____ Number of APO: _____ x \$6.49 = \$ _____
(Adjacent Property Owners)

Current Zoning: _____ Fee: \$75.00

Proposed use of the Subdivision: _____ **TOTAL** = _____

- Residential Commercial
 Manufacturing/Industrial Office/Industrial
- PAID** _____

I, the undersigned, hereby request the Opelika Planning Commission review the Subdivision Plat for (name of subdivision) _____ Subdivision. I understand that I must provide certain information as noted in Section 4.2, Section 4.3, and/or Section 4.4 of the Opelika Subdivision Regulations in order for the Planning Commission to review my plans. The City may require additional information or requirements, or waive certain requirements, at any time during the process. Failure to provide accurate and complete information may result in disapproval by the Planning Department and/or Planning Commission. This application, plat, and all other information are submitted with the full authorization and knowledge of the property owner(s). The undersigned below hereby swears to be the authorized applicant designated by the property owner(s) as representative or agent for the property owner(s) and therefore authorized to make said application and submit said documents on this request. The undersigned authorizes the City to inspect the subject property as necessary in reviewing the above referenced request.

OWNERS/AUTHORIZED REPRESENTATIVE SIGNATURE: (PRINT NAME)	DATE:
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SUBDIVISION PLAT APPROVAL REQUIREMENTS AND INFORMATION

1. Application is due the 1st Tuesday of each month. (Meeting is on the 4th Tuesday of each month at 3:00 p.m.; Work Session is on the 3rd Tuesday at 3:00 p.m. each month).
2. Application signed by property owner or authorized applicant.
3. Copy of the deed.
4. List adjacent property owners on separate sheet.
5. Submit 26 copies of the plat (21 – 11 x 17 if legible; 4 – 24 x 36; 1 – 8 x 11). Copies must accompany and be made part of this application.
6. For preliminary plat approval only or preliminary & final approval combined, if allowed: **\$75 application fee, plus \$6.49 each certified letter, plus \$3 each lot in subdivision.** Checks payable to City of Opelika. For final plat approval only or administrative plat approval only: \$75 application fee.
7. Approval of a preliminary plat by the Planning Commission shall expire in one year after approval date; approval of a final plat by the Planning Commission shall be null and void if the plat is not recorded within 120 days after approval date.
8. Final plat approval shall not be given at the same Planning Commission meeting when preliminary approval is requested if public infrastructure improvements are required. When public improvements are required 20 days must lapse between preliminary and final approval.
9. Planning Commission Deadline – 1st Tuesday of each month
Planning Commission Work Session – 3rd Tuesday each month at 3:00 p.m.
Planning Commission Regular meeting – 4th Tuesday each month at 3:00 p.m.

AUTHORIZATION TO ACT AS APPLICANT

CITY OF OPELIKA PLANNING DEPARTMENT

700 Fox Trail

Opelika, AL 36801

PH: (334) 705-5156 or FX: (334) 705-5159

I, _____, being owner of the property which is the subject of this application hereby authorize _____, to act as my representative with the City of Opelika's (Board of Zoning Adjustments, and/or Planning Commission, and/or City Council), as required by the type of request listed on the attached application form.

Property Owner's Signature: _____ Date: _____

STATE OF ALABAMA

COUNTY OF LEE

I, _____, a Notary Public in and for said County and State, hereby certify that _____, whose name is signed to the foregoing document, and who is known to me or acknowledged before me on this day, that being informed of the contents of said document, did execute the same voluntarily on the day that bears the same date.

Given my hand and seal of office this ____ day of _____, _____

Notary Public

My Commission Expires: _____