



SUB-DIVISION TYPE “A” APPLICATION

DATE: _____ Zoning District _____ Permit # _____

APPLICANTS

Applicant _____ Phone _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Applicant _____ Phone _____ E-mail _____

Address _____ City _____ State _____ Zip _____

PROPOSED SUB-DIVISION TYPE A

Address of Property _____

Legal Description _____

Will you request streets in sub-division be added to city street system? _____

Total Land Area _____ Acres to be sub-divided into _____ Lots

DOCUMENTS AND FEES ATTACHED

() Application Fee of \$ _____ () Filing Fee of \$ _____

() Recordable Plat of proposed sub-division with required information and measurements

() Recordable Legal description of Lots

() Design of streets located in sub-division to become part of the street system for the City of Mount Carmel

() Design of Utility improvements (water, sewer, storm sewer, lighting)

() Names and addresses of adjacent property owners

The Applicant(s), owner(s) of the above described tract of land, submit this application for approval, under the provisions of Ordinance No. 590 and Ordinance 860, to sub-divide said tract of land as shown by attached plat.

Dated This _____ day of _____ 20____.

Applicant Signature _____

Applicant Signature _____

Applicant Signature _____

Public Hearing Date _____ Publication of Public Hearing _____

Notification of Adjacent Property Owners _____ Zoning Board Recommendation _____

Mount Carmel City Council Action _____ Date _____