



**CITY OF BAINBRIDGE
BUILDING DEPARTMENT
SUBDIVISION APPLICATION**

DATE: _____ APPLICATION #: _____

Proposed Subdivision Name: _____

Subdivider/Owner: _____ Phone: _____

Mailing Address: _____

Engineer or Land Surveyor: _____

Total Acreage of Development: _____

Will entire area be developed simultaneously? () YES () NO

If no, describe proposed phasing: _____

Zoning of property: _____ Location: Land Lot #: _____

Land District: _____

Type of Development:

- | | | |
|---------------------|----------------------|------------------------------|
| () Residential | () Mobile Home Park | () Planned Unit Development |
| () Shopping Center | () Multi-Family | () Condominium |
| () Business | () Industrial | () Other |

If Other, please describe: _____

In city limits? () YES () NO

Contiguous to city limits? () YES () NO

Street Address: _____

Other Description: _____

Number of Residential Units: Total _____ Phases: 1 _____ 2 _____ 3 _____

- | | | |
|------------------------|---------------------|---------------------------|
| Intended Improvements: | () Paving | () Septic Tank Disposal |
| | () Curb and Gutter | () Water mains, Hydrants |
| | () Storm Drainage | () Gas mains |
| | () Sanitary Sewer | () Other |

If Other, please describe: _____

OFFICIAL USE ONLY-PLEASE DO NOT WRITE BELOW THIS LINE

Sanitary Sewer Available? () Yes () No

Location: _____

City Water Available? () Yes () No

Location: _____

SEWER CAPACITY SUFFICIENT?

() Yes () No () Uncertain

PROPOSED WATER CONNECTIONS ACCEPTABLE?

() Yes () No () Uncertain

STORM DRAINAGE ACCEPTABLE?

() Yes () No () Uncertain

ENGINEER'S RECOMMENDATION

() Approval () Disapproval

Signed: _____

Comments: _____

ZONING ADMINISTRATOR COMMENTS

S.W. GA. APDC COMMENTS

PRELIMINARY APPROVAL

Conditions, if any _____

CHAIRMAN _____

MAYOR FOR CITY ACCEPTANCE _____

Date: _____

Date: _____

FINAL APPROVAL:

DATE: _____