

## CATOOSA COUNTY PLANNING COMMISSION APPLICATION FOR LAND SUBDIVISION APPROVAL

**THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION**

CASE #	RECEIPT#	APPLICATION FEE
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<b>PLANNING COMMISSION HEARING:</b>			
CATOOSA COUNTY GOVERNMENT BUILDING	DATE:	TIME:	P.M

SUBDIVISION NAME	OWNER'S NAME		
MAILING ADDRESS	CITY/STATE/ZIP		
PHONE #	SURVEYOR'S NAME		
TAX PARCEL #	CURRENT ZONING	NUMBER OF LOTS	TOTAL ACREAGE
LOCATION OF PROPERTY			
TYPE APPROVAL REQUESTED (PRELIMINARY, FINAL)			
LAND LOT#	DISTRICT NUMBER	SECTION NUMBER	

I SWEAR UNDER PENALTY OF LAW THAT THE WITHIN INFORMATION IS TRUE, CORRECT AND COMPLETE	DATE
OWNER'S SIGNATURE	

PLANNING COMMISSION DECISION/DATE
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**THIS APPLICATION MUST BE FULLY COMPLETE AND FILED AT THE ZONING OFFICE BY THE DESIGNATED CUT OFF DATE TO BE HEARD BY THE PLANNING COMMISSION ON THE SECOND TUESDAY OF THE MONTH.**

**WITHDRAWALS PRIOR TO A HEARING MUST BE MADE IN WRITING BY THE APPLICANT.**