

MINOR LOT SUB-DIVISION APPLICATION
CITY OF GAFFNEY
(864) 487-8500

1) NAME OF APPLICANT _____
(MUST BE PROPERTY OWNER)

2) APPLICANT'S MAILING ADDRESS _____

3) APPLICANT'S PHONE # _____

4) REPRESENTATIVE OF APPLICANT _____

5) REPRESENTATIVE'S MAILING ADDRESS _____

6) REPRESENTATIVE'S PHONE # _____

7) STREET ADDRESS OF SUBJECT PROPERTY _____

8) NEARBY REFERENCE POINTS TO PROPERTY _____

9) SUBJECT PROPERTY'S TAX ID # _____

10) ZONING DISTRICT _____

Is this tract/parcel or development restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application? YES NO

A copy of the deed and a copy of a plat/boundary survey must be included with this application. Please include any other information in support of your application.

If the applicant is utilizing a representative, the property owner must list that representative's information in items 4, 5 and 6 shown above.

I hereby authorize the person listed in item 4 above to represent me in any and all actions pertaining to this application.

The undersigned does hereby verify that they are the applicant thereof and accepts responsibility for accuracy and gives the City of Gaffney permission to obtain whatever information is necessary to review this application.

Note: The parcel owner must either sign in the presence of the City's Planning Development staff or have the signature notarized.

PROPERTY OWNERS SIGNATURE

DATE

FOR OFFICE USE ONLY

DATE APPLICATION SUBMITTED _____ REC'D BY _____

DATE APPLICATION COMPLETED _____ REVIEWED BY _____

DATE OF COMP'D REVIEW _____ STATUS OF REVIEW _____

FEE SUBMITTED **\$25.00** DATE PAID _____ CHK # _____ CASH _____