PARCEL SUBDIVISION APPLICATION

1) NAME OF APPLICANT _____

2) APPLICANT'S PHONE # _____

3) APPLICANT'S MAILING ADDRESS _____

_____

4) APPLICANT'S EMAIL ADDRESS _____

5) NAME OF PROPERTY OWNER _____

6) PROPERTY OWNER'S PHONE # _____

7) PROPERTY OWNER'S MAILING ADDRESS _____

_____

8) STREET ADDRESS OF SUBJECT 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.

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.

_____ _____

APPLICANT'S SIGNATURE DATE

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

_____ _____

PROPERTY OWNER'S SIGNATURE DATE

_____ _____

NOTARY'S SIGNATURE DATE

FOR OFFICE USE ONLY

DATE APPLICATION SUBMITTED_____ RECEIVED BY_____

MAJOR OR MINOR SUBDIVSION_____ REVIEWED BY_____

DATE REVIEW COMPLETED_____ REVIEW STATUS_____

APPLICATION FEE _____ DATE PAID_____