

**CARROLL COUNTY DEVELOPMENT REVIEW DIVISION
SUBDIVISION APPLICATION**

To be completed and submittal with the initial development plan submittal package. **If ownership changes during the development review process, a new application will be required.**

1. Subdivision Name: _____ File Number: _____
Check one: Minor Major Concept Major Preliminary Final

2. Property Tax Account Numbers: _____
(10 digits, beginning with 07)

3. Title Information:
A. Current Deed Reference: Liber: _____ Folio: _____ Date: _____
B. Acreage of Current Deed: _____ Acreage of Plan _____
C. Acreage of Remaining Portion: _____

4. Location Information: ___ North ___ South ___ East ___ West
Side of (road name): _____
Nearest Intersecting Road: _____ Distance: _____
Tax Map/Block/Parcel: _____ / _____ / _____

5. Existing Zoning Districts with Map Numbers: _____

6. Planned Use: ___ Residential ___ Commercial ___ Industrial ___ Other _____

7. Number of Lots: _____ Number of New Dwelling Units: _____
Number of: _____ Single-family _____ Two-family _____ Townhouse _____ Apartments

8. Water: ___ Public ___ Private Sewer: ___ Public ___ Private

9. Owner: _____ Phone: _____
Address: _____ Email: _____

10. Developer: _____ Phone: _____
Address: _____ Email: _____

11. Engineer/Surveyor: _____ Phone: _____
Address: _____ Email: _____

Owner/Developer and Surveyor Certification: I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED HEREWITH IS CORRECT AND COMPLETE AND AUTHORIZE SUCH PERIODIC ON-SITE INSPECTIONS BY THE DEPARTMENT OF PLANNING AND LAND MANAGEMENT AND THE TECHNICAL REVIEW COMMITTEE AGENCIES AS MAY BE NECESSARY TO REVIEW THIS APPLICATION AND ANY WAIVER PETITIONS FILED IN CONNECTION HEREWITH AND TO ENFORCE THE SUBDIVISION REGULATIONS AND OTHER APPLICABLE LAWS. *IF THE APPLICANT IS THE OWNER'S AGENT, WRITTEN DOCUMENTATION FROM THE PROPERTY OWNER GRANTING THAT AUTHORITY IS REQUIRED.

Owner(s) signature(s) Date

Developer(s) signature(s) Date

Surveyor's signature Date