

SUBDIVISION APPLICATION FOR THE CITY OF LEEDS, ALABAMA
DEPARTMENT OF INSPECTION SERVICES- ZONING DIVISION
 1404 9th Street, LEEDS, AL 35094 P.205.699.2585
INSPECTIONS@LEEDSALABAMA.GOV * leedsalabama.gov

Part 1. Application	
Name of Applicant:	
Mailing Address:	
Telephone:	E-mail:
Signature:	
Date Application Filed:	Requested Hearing Date:

Part 2. Parcel Data		
Owner(s) of Record:		
Owner Mailing Address:		
Site Address:		
Tax Parcel ID #	Existing Zoning:	Proposed Zoning:
Telephone:	E-Mail:	
Signature Of Designated Plat Representative:		

Part 3. Request	
<input type="checkbox"/> New Subdivision	<input type="checkbox"/> Preliminary Plat
<input type="checkbox"/> New Subdivision with Rezoning	<input type="checkbox"/> Final Plat
<input type="checkbox"/> Resurvey of Existing Recorded Subdivision	

Part 4 Additional Information
<input type="radio"/> Number of proposed Lots
<input type="radio"/> Approximate Acreage
<input type="radio"/> Concurrent Zoning/Variance Case(s)
<input type="radio"/> Concurrent Construction Case
<input type="radio"/> Review Fee (see Schedule)

Release for Postponement of Case	
I, by my signature below, the Designated Plat Representative for the case described on the reverse side of this form. Do hereby grant the City of Leeds Planning and Zoning Commission the Authority to postpone this Case to its next regularly scheduled meeting if the plat does not meet the minimum technical or informational standards set forth in the Subdivision Regulations; if the plat map or Case contains errors or erroneous information; or if the Commission considers it to be in the best interest of the public to require further information for review of this plat/Case.	
Signature of Designated Plat Representative:	Date:
Note: In Choosing not to sign the release at the time of application, the Designated Plat Representative acknowledges that the Commission may, in order to comply with the Code of Alabama, be compelled to disapprove the submitted subdivision due to unresolved issues with the plat.	
Signature of Designated Plat Representative:	Date:

FOR OFFICE USE ONLY	
Application Number:	Date Received:
Received by:	Scheduled Public Hearing Date: