



Case No. \_\_\_\_\_

# MAJOR SUBDIVISION (PRELIMINARY PLAT) APPLICATION

<b>APPLICANT INFORMATION</b>	Applicant _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone ( ) _____ Fax ( ) _____ E-mail _____
<b>PROPERTY OWNERSHIP</b>	Property Owner(s) _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone ( ) _____ Fax ( ) _____
<b>SURVEYOR</b>	Surveyor Name _____ Company Name _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone ( ) _____ Fax ( ) _____ E-mail _____
<b>REQUEST</b>	Location Address: _____ Present Zoning: _____ Current Use: _____ Total Acres: _____ Number of Lots: _____ Is the applicant asking to participate in the subdivision incentive program? _____

**FILING  
REQUIREMENTS**

*This application will not be processed unless the following items are submitted with it:*

- Filing fee:**
  - **Base Fee:** \$100.00
  - Make check payable to: *City of Statesboro, Planning Department.*)
- Preliminary plats:** Four complete sets of preliminary plats with all the information specified in the *Statesboro Subdivision Regulations.*
- One 11" x 17"** or smaller copy of the preliminary plat showing the lot lines and rights-of-way.
- Application must be signed by property owner(s)** or letter attached that grants the applicant the authority to file the application.

*I/We understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Statesboro Zoning Ordinance and Subdivision Regulations as well as all procedures and policies of the City of Statesboro Planning Commission, Mayor and City Council as those provisions, procedures and policies relate to the handling and disposition of this application. I/we attest that the information contained in this application is true and accurate to the best of my/our knowledge.*

(Signature of applicant)	(Printed name of applicant)	(Date)
(Signature of property owner)	(Printed name of property owner)	(Date)
(Signature of property owner)	(Printed name of property owner)	(Date)
(Signature of property owner)	(Printed name of property owner)	(Date)

**City of Statesboro  
 Planning Department  
 50 E Main St, 3<sup>rd</sup> Floor  
 P O Box 348  
 Statesboro, GA 30459-0348  
 Telephone (912) 764-0630  
 Fax (912) 764-0664**

Rec'd by:	Date:
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**City of Statesboro**

**DISCLOSURE OF CAMPAIGN CONTRIBUTIONS**

(Required by Title 36, 67A, Official Code of Georgia Annotated)

Case Number: \_\_\_\_\_

Application to rezone real property described as follows:

Property Address/ Location: \_\_\_\_\_

Please check that which applies:

- I have not within the two years preceding the above application made campaign contributions aggregating \$250.00 or more to a government official(s) of the City of Statesboro who will consider the application.
- I have within the two years preceding the above application made campaign contributions aggregating \$250.00 or more to a government official(s) of the City of Statesboro who will consider the application. The contribution(s) are as follows:

Official's Name:	Position:	Contribution amount:	Date of Contribution:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby declare and confirm that all statements herein are true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public