



Subdivision Application

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Updated **MAY 2024**

NOTICE TO APPLICANT

This application will not be processed until the following items are submitted:

- Filing fee (checks payable to: City of Pooler)
- Four (4) sets of plans:
 - Preliminary plan - refer to Appendix B, Section 702
 - Final plat - refer to Appendix B, Section 703
- Required neighborhood grading and drainage plan (Amendment 10-03-06)
- List of adjacent property owners with mailing addresses (minor and major subdivision)
- Authorization of property owner signed, dated, and notarized (if agent)
- Copy of current tax bill showing payments or documentation certified by the City of Pooler
- Plat indicating where subdivision is proposed to take effect, in respect to the nearby public roads in common use

Under Contact Information, addresses and telephone numbers do not have to be repeated if already provided. Staff correspondence will be sent to one designated contact person, not all listed.

OFFICE USE ONLY

File Number: _____ Date Filed: _____

Planning & Zoning Commission: Approved Denied Remarks: _____

Mayor & Council: Approved Denied Remarks: _____

Recorded Plat Date: _____ Book: _____ Pages: _____

Subdivision Type (check all that apply)

- Recombination Minor Subdivision Major Subdivision Revised Plat Final Plat 5-Acre Tract

Contact Information

Owner/Authorized Agent Name _____ Phone _____

Property Address _____ Email _____

Mailing Address (if different) _____

Have any previous applications been made for a subdivision affecting these same premises? No Yes

If yes, date: _____

If yes, action taken: _____



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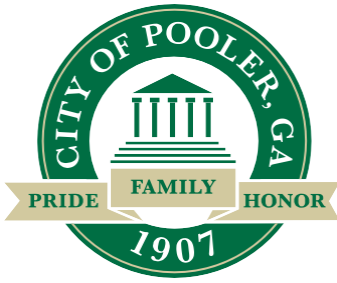
Action Requested

Property Location (area, street number, nearby public roads)	PIN
Property Legal description (subdivision, block, lot number)	Total Area (acres or sq ft)
Existing Land Use (specify, such as grocery store, single family residents, vacant land, etc.)	
Proposed Land Use for Each Parcel (specify, such as grocery store, single family residents, vacant land, etc.)	
Reason(s) for Subdivision Request Which Support the Purposes of the Zoning Program	

Affidavit

I, the undersigned, certify that I have read, examined, and completed this application and certify that all the information pertained in this application is true and correct.

Applicant Name	Applicant Signature	Date
Attestant Name	Attestant Title	Date



Property Owner Authorization

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Updated **SEPT 2023**

Authorization

Completion of this form is required for all Rezoning, Conditional Use, Variance, Site Plan, and Subdivision applications.

Rezoning Conditional Use Variance Site Plan Subdivision

I authorize the person named below to act as Applicant in the pursuit of rezoning, variance or conditional use of property or a site plan submittal.

Applicant/Agent Name

Email

Phone

Applicant/Agent Address

I swear that I am the owner of the property which is the subject matter of the attached application, as shown in the records of Chatham County, Georgia, and that the information contained in this authorization is true and correct to the best of my knowledge and belief.

Property Address

Owner Name

Owner Signature

Date

Notary Public

Subscribed and Sworn This Day Of

Notary Name

Notary Signature

Commission Expiration

Seal