

THE TOWN OF LAUREL
APPLICATION FOR MINOR/MAJOR SUBDIVISION PLAN REVIEW

Date: _____ Application Number: _____
(Town Purposes Only)

Name of Subdivision: _____

Hundred: _____ Tax Map Number: _____

Location: _____

Existing Zoning: _____

Copies of Plan: _____ Copy of Deed Restrictions: _____

Copy of Deed or Sales Contract: _____

Name & Address of Owner:

Name & Address of Applicant:

Phone Number: _____

Phone Number: _____

Name & address of person responsible for preparing plan:

Phone Number: _____

Site Data:

Subdivision Acreage In:

Lots: _____

Streets: _____

Open Space: _____

Residual Land: _____

Total Gross: _____

Number of Lots: _____

Lots Per Acre: _____

Minimum Lot Size: _____

Type of Streets: _____

Type of Water Supply: _____

Type of Sewage Disposal: _____

Preliminary Plan Filing Fee: _____ Receipt Number: _____

Final Plan Fee: _____ Receipt Number: _____

I, the undersigned, hereby certify this application is filed in accordance with the subdivision ordinance of The Town of Laurel.

Signature of owner or applicant: _____

Date: _____