

**Spartanburg County Planning and Development Department
Subdivision Application**

Pursuant to the South Carolina Local Government Comprehensive Planning Enabling Act (Section 6-29-1145 of the South Carolina Code of Laws), is this tract or parcel restricted by any recorded covenant, restriction, easement, etc., that is contrary to, conflicts with or prohibits the Proposed Land Use? Yes No

Applicant: Owner Developer Engineer Surveyor Agent Person(s) Contracting for Sale

Name of Subdivision/Development: _____ Location: _____
(approved by staff)

Phase or Section: _____ Current Land Use: _____ Date Received (STAFF)

Tax Map #: _____

Type of Development:

MAJOR LAND: Condo Townhouse Multi-Family MH Park Article 3 _____

MAJOR SUBDIV: Duplex Single Family Manufactured Home Patio Homes

MINOR SUBDIV: Duplex Single Family Manufactured Home

Type of Plat: Preliminary Summary Final Private Rd Family Property Site Plan

Number of Lots: _____ Number of Units: _____

Number of Bldgs: _____ Total Acreage: _____ Miles of New Rd: _____ Maintenance: Public ___ Private ___

Contact Information:

Owner: _____ Phone: _____ Mobile: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

Developer: _____ Phone: _____ Mobile: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

Surveyor: _____ Phone: _____ Mobile: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

Engineer: _____ Phone: _____ Mobile: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

Contact Person/Agent: _____ Phone: _____ Fax: _____

Address: _____ **Email:** _____ **Date:** _____

I hereby certify and agree that I am authorized to make this application and that the above information is true and correct.

APPLICANT SIGNATURE

DATE

Water District _____ Sewer District _____ Fire District _____

Electric Co. _____ Gas Company _____ Phone Company _____

Health Department: **(DHEC forms must be taken directly** Census Tract _____

Septic Wells **to the health department and fee paid)** Council District _____