



## SUBDIVISION APPLICATION

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**TYPE OF SUBDIVISION (check one):**

- Preliminary  
 Final  
 Replat  
 Amendment  
 Short Form Final

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*Application must be an original document – Faxed copies cannot be accepted  
All signatures must be original*

Property Legal Description: \_\_\_\_\_

Jackson County Property Identification Number(s): \_\_\_\_\_

Name of Addition: \_\_\_\_\_

Location of Addition: \_\_\_\_\_

Number of lots: \_\_\_\_\_ Gross Acreage: \_\_\_\_\_ # of New Street Intersections: \_\_\_\_\_

Linear ft. of Streets \_\_\_\_\_

Precinct: \_\_\_\_\_

Existing Land Use: \_\_\_\_\_ Proposed Land Use: \_\_\_\_\_

Request Variance: \_\_\_\_\_

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**PROPERTY OWNER:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Fax: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT/ SUBDIVIDER:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Fax: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SURVEYOR:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Fax: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_

**ENGINEER:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Fax: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature: \_\_\_\_\_

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**PRINCIPAL CONTACT:** \_\_\_ Owner \_\_\_ Applicant \_\_\_ Surveyor \_\_\_ Engineer

All County communication regarding the subdivision will be directed only to the designated principal contact.

**STATEMENT OF APPLICANT**

The information contained in this subdivision application contains true and accurate information provide to the best of my ability. I acknowledge that Jackson County will use the information contained herein as the basis for the review of the subdivision application's conformance with the provisions of Jackson County.

I understand that the County may use third party engineering review services. I acknowledge and agree that I am responsible for the payment of services attributable to my project, and that the preliminary approval process or final approval process will not proceed until and unless I have provided payment for the aforementioned services.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BELOW FOR OFFICAL USE ONLY**

Date Received:			
Initial Application Fee:		\$	
Subdivision Initial Application Submittal Fee received by:			
Cash:		Check#:	Money Order:
County Receipt Number Issued:			
Accounting Code:	Permit Fee Schedule Number:		<b>SD-1</b>
<b><u>10-321-3070</u></b>			

Date Forwarded to County Engineer for Review/Comments:	_____
Date Received Comments from Engineer for Release Purposes:	_____
Date Forwarded to Applicant for Final Review:	_____
Permit Release Date:	_____
Signature of County Floodplain Administrator:	_____