



**TROUP COUNTY**  
GEORGIA

# Subdivision Review Application

Community Development

100 Ridley Ave, Suite 1300

LaGrange, GA 30240

Phone: (706) 883-1650 Fax: (706) 883-1653



**TROUP COUNTY**  
GEORGIA

Case #	Fee Paid \$	Application Date	Receipt # / By
SUBD -	<input type="checkbox"/> \$500.00		# /

**Please read the following and attached materials before applying.**

**DISCLAIMER:** Information provided must be confirmed by current Property Records maintained by the Troup County Property Appraisals Office. Additional permits may be necessary. **Incomplete applications will not be reviewed or processed. Please enter N/A if a question is not applicable. Fees are non-refundable.**

### APPLICANT INFORMATION

Owner's Name		Mailing Address:	
Phone:		Phone:	Email:
Developer's Name		Mailing Address:	
Phone:		Phone	Email:

### SUBJECT PROPERTY INFORMATION

Assessor Parcel Number	Street Address	City/Zip	# Acres or SQFT
Conservation Land? Yes ___ No ___	Zoning:	Present Use:	
<i>Zoning/Use of Adjacent Properties</i>			
NORTH:	SOUTH:	EAST:	WEST:

### SUBDIVISION INFORMATION

Subdivision Name: \_\_\_\_\_

Type of Subdivision: Major (5 + lots): \_\_\_\_\_ Minor (4 or less): \_\_\_\_\_ Rural Residential (up to six lots): \_\_\_\_\_

Bond Required: Yes \_\_\_ No \_\_\_ Number of lots: \_\_\_\_\_ Phases: \_\_\_\_\_

I, (signature) \_\_\_\_\_, owner of property do hereby request the above action.

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

Developer's / representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only Below

Application	Taken / Reviewed by	Date:
<b>PRELIMINARY PLAT</b>		
BOC Review	Comments:	Date:
BOZAPC	Date: Decision: Approve <input type="checkbox"/> Deny <input type="checkbox"/> Conditions:	Vote of:
CHAIRMAN	Name: Signature:	Date:
<b>FINAL PLAT – Phase ___</b>		
BOC	Date: Decision: Approve <input type="checkbox"/> Deny <input type="checkbox"/> Conditions:	Vote of:
CHAIRMAN	Name: Signature:	Date:
<b>FINAL PLAT – Phase ___</b>		
BOC	Date: Decision: <input type="checkbox"/> Approve <input type="checkbox"/> Deny:	Vote of:
CHAIRMAN	Name: Signature:	Date:
<b>FINAL PLAT – Phase ___</b>		
BOC	Date: Decision: <input type="checkbox"/> Approve <input type="checkbox"/> Deny:	Vote of:
CHAIRMAN	Name: Signature:	Date:
<b>FINAL PLAT – Phase ___</b>		
BOC	Date: Decision: <input type="checkbox"/> Approve <input type="checkbox"/> Deny:	Vote of:
CHAIRMAN	Name: Signature:	Date: