CARROLL COUNTY DEVELOPMENT REVIEW DIVISION
SUBDIVISION APPLICATION

To be completed and submitted with the initial development plan submittal package. **If ownership changes during the development review process, a new application will be required.**

1. Subdivision Name: _____ File Number: _____
   Check one: ☐ Minor ☐ Major Concept ☐ Major Preliminary ☐ Final

2. Property Tax Account Numbers: _____
   (10 digits, beginning with 07)

3. Title Information:
   A. Current Deed Reference: Liber: _____ Folio: _____ Date: _____

   B. Acreage of Current Deed: _____ Acreage of Plan_____

   C. Acreage of Remaining Portion: _____

4. Location Information: ___ North ___ South ___ East ___ West

   Side of (road name): _____

   Nearest Intersecting Road: _____ Distance: _____

   Tax Map/Block/Parcel: _____ / _____ / _____

5. Existing Zoning Districts with Map Numbers: _____

6. Planned Use: ___ Residential ___ Commercial ___ Industrial ___ Other _____

7. Number of Lots: _____ Number of New Dwelling Units: _____

   Number of: _____ Single-family _____ Two-family _____ Townhouse _____Apartments

8. Water: ___ Public ___ Private Sewer: ___ Public ___ Private

9. Owner: _____ Phone: _____

   Address: _____Email: _____

10. Developer: _____ Phone: _____

    Address: _____Email: _____

11. Engineer/Surveyor: _____ Phone: _____

    Address: _____Email: _____

Owner/Developer and Surveyor Certification: I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED HEREWITH IS CORRECT AND COMPLETE AND AUTHORIZE SUCH PERIODIC ON-SITE INSPECTIONS BY THE DEPARTMENT OF PLANNING AND LAND MANAGEMENT AND THE TECHNICAL REVIEW COMMITTEE AGENCIES AS MAY BE NECESSARY TO REVIEW THIS APPLICATION AND ANY WAIVER PETITIONS FILED IN CONNECTION HEREWITH AND TO ENFORCE THE SUBDIVISION REGULATIONS AND OTHER APPLICABLE LAWS. *IF THE APPLICANT IS THE OWNER'S AGENT, WRITTEN DOCUMENTATION FROM THE PROPERTY OWNER GRANTING THAT AUTHORITY IS REQURIED.

_____ _____
Owner(s) signature(s) Date **Developer(s) signature(s) Date**

_____
Surveyor's signature Date