



CITY OF WEST POINT, GEORGIA

Planning and Zoning Department

Post Office Box 487
West Point, Georgia 31833
Office (706) 645-2226
Fax (706) 643-8150

SUBDIVISION REVIEW APPLICATION

_____ Preliminary Plat

_____ Final Plat

Name of Applicant _____
Address of Applicant _____
Telephone _____
Property Owner (Use back if multiple names) _____
Mailing Address _____
Telephone _____
Address or Description of Property to be Subdivided _____

Original Tract Deed Book & Page No. _____
Number of Acres in Development _____
Number of Lots Created _____
Zoning Classification _____

The following items are to be submitted along with this application:

- Plats as required by Section 10 of the City of West Point Subdivision Regulations
- A letter requesting review and approval of the Subdivision Plat, including the name and address of the person to whom the notice of the scheduled Planning Commission Meeting will be sent.
- A review fee payable to the City Of West Point, of which no part is refundable to the applicant.

I (We) do hereby certify the information provided herein is both complete and accurate to the best of my (our) knowledge, and I (we) understand any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Signature of Property Owner

Signature of Property Owner

FOR OFFICIAL USE ONLY	
DATE OF FILING: _____	APPROVAL DATE: _____
REVIEW FEE: _____	