

**CITY OF WINDER**  
**PLANNING DEPARTMENT**  
**PO BOX 566**  
**WINDER, GA 30680**  
**(770) 867-3510**  
**APPLICATION FOR SUBDIVISION OF PROPERTY**  
**\$100.00**

\* Please complete this application and submit with all necessary attachments as stated below (type or print using black ink).

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone \_\_\_\_\_

**APPLICANT IS THE:**

\_\_\_\_\_ **Owner's Agent**      \_\_\_\_\_ **Property Owner**      \_\_\_\_\_ **Contract Purchaser**

Address of Property \_\_\_\_\_

Building Permit Number (if construction has begun) \_\_\_\_\_

Subdivision or Project Name \_\_\_\_\_ Lot/Block \_\_\_\_\_

Zoning Classification \_\_\_\_\_

**Please attach a plat showing all properties to be subdivided. If plats are larger than 11" X 17" please submit 10 copies along with this application.**

**Request:**

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**\*\*\*Please attach a letter of intent explaining what use/uses are proposed and include your justification for the SUBDIVISION OF PROPERTY.**

**APPLICANT CERTIFICATION**

I, the undersigned, do hereby certify that I am the applicant making application and all information contained herein is believed to be true and accurate.

\_\_\_\_\_  
Signature of Applicant / Date

\_\_\_\_\_  
Typed or Printed Name and Title

\_\_\_\_\_  
Signature of Witness / Date

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**OWNER CERTIFICATION**

I, the undersigned, do hereby certify that I am the property owner or property owner's authorized agent making application and all information contained herein is believed to be true and accurate.

\_\_\_\_\_  
Signature of Property Owner / Date

\_\_\_\_\_  
Typed or Printed Name and Title

\_\_\_\_\_  
Signature of Witness / Date

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**FOR CITY OF WINDER USE ONLY**

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

Fee \_\_\_\_\_ Receipt # \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved By \_\_\_\_\_ Date \_\_\_\_\_

Justification: \_\_\_\_\_