City Hall *City of Bogart* *125 Main St.*

(770) 725 – 7386 *P.O. Box 206*

(770) 725-5988 Fax **Bogart, GA 30622**

Subdivision Application

Date: _____

Subdivision Name: _____

Subdivision Section: _____

Subdivision Location: _____

Type of Application

_____ Sketch Plat _____Preliminary Plat _____Final Plat _____Amended

Subdivision Information:

Current Zoning _____

Proposed Zoning _____

Total Acres _____

Total # of Lots _____

Subdivision Classification:

_____ Single Family

_____ Duplex/Multi-Family

_____ Professional/Office

_____ Other _____

Owner/Applicant

Name: _____

_____

(Street address City, State Zip)

Phone: _____

Fax: _____

Professional Representative

Name: _____

_____

(Street address City, State Zip)

Phone: _____

Fax: _____

For Office Use Only:

Approval Date: _____

Tax Map Parcel No. _____

Fees: _____