



WARE COUNTY PLANNING & CODE DEPARTMENT
305 OAK ST, SUITE 157, WAYCROSS, GA 31501
Telephone: (912) 287-4379 Fax: (912) 287-2467



PRELIMINARY PLAT SUBDIVISION APPLICATION
TO WAYCROSS-WARE COUNTY PLANNING COMMISSION

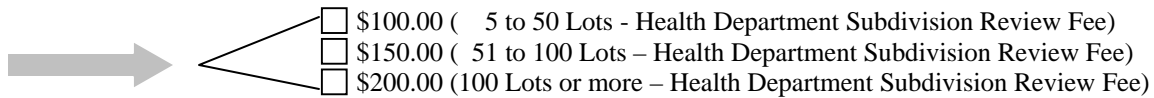
Date: _____

Planning Director
 Ware County Planning Department
 902 Grove Avenue
 Waycross, GA 31501

Dear Planning Director:

This is a request for approval of a **SUBDIVISION** named _____ Subdivision on land zoned _____ . The attached three (3) plat copies show the subdivision design. If land fronting existing streets is required for additional right-of-way for dedication to Ware County Commission for street widening or paving, I hereby agree to dedicate such additional right-of-way or easements. Land borders _____ street with right-of-way width of _____. Additional right-of-way width of _____ is required.

I understand that a filing fee of **\$100.00** plus **\$2.00 per lot** must be paid before submission of plat to Planning Commission. The total number of lots in the subdivision is _____. The filing fee is \$_____. The filing fee has been paid. Yes No
 Tax map _____ Block _____ Parcel # _____



***Also, I am paying \$8.00 to Ware County Superior Court Clerk for the recording of the plat. *I will also have to pay Ware County for street name and stop sign(s).** Yes No

Notes/Directions to site: _____

I understand the type of street to be constructed must meet the Ware County Subdivision Regulations. I plan to construct type _____ paved/unpaved streets in the subdivision according to the attached Street Specification Form. Additional storm water drainage and other improvements required by Ware County Engineer/Road Department will be constructed according to Ware County Standards.

I have received a copy of A GUIDE FOR SUBDIVISION DEVELOPMENT IN WARE COUNTY, which provides references and information for subdivision of land.

 * Landowner's Name (Print) (Signature)

 Address City State Zip Code

 Telephone # Cell Phone #

 * Applicant's (Agents) Name (Print) (Signature)

 Mailing Address City State Zip Code

 Telephone # Fax Number #