



**WARE COUNTY PLANNING & CODE DEPARTMENT**  
**902 GROVE AVENUE, WAYCROSS, GA 31501**  
**Telephone: (912) 287-4379 Fax: (912) 287-2467**



**PRELIMINARY PLAT SUBDIVISION APPLICATION**  
**TO WAYCROSS-WARE COUNTY PLANNING COMMISSION**

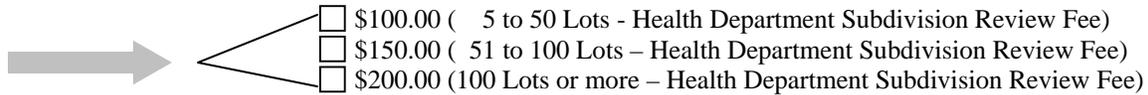
Date: \_\_\_\_\_

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 #