



**CITY OF NEW ALBANY, INDIANA**  
**DEPARTMENT OF COMMUNITY DEVELOPMENT**  
**NEW ALBANY CITY PLAN COMMISSION**  
**NEW ALBANY BOARD OF ZONING APPEALS**  
**SCOTT WOOD, DIRECTOR**

Jeff M. Gahan, Mayor

## **SUBDIVISION APPLICATION REQUIREMENTS**

**Residential Fee: \$350.00 + \$10.00/lot + \$10.00 signs**

**Final Plat: \$175.00 + \$10.00/lot**

**Commercial Fee: \$750.00 + \$10.00/lot + \$10.00 signs**

**Final Plat: \$375.00 + \$10.00/lot**

In order for the staff of the New Albany City Plan Commission to expedite your request in a timely fashion, we ask that you follow these requirements:

1. The application and supporting materials must be submitted before the appropriate meeting deadline. **No exceptions.**
2. Once the application has been submitted with the required application processing fee, the staff will review the application at the next staff meeting (every Wednesday at 3:00 p.m.) to verify that all the required items in the checklist have been included. All items on the checklist provided must be submitted with the application or the request will not be assigned a Docket number. If items are missing, the applicant will be notified of the deficiency and the application will be held until the following month's meeting to allow the applicant time to submit those materials. If the applicant fails to submit the required items prior to the second deadline, a new application, including a new fee, will need to be submitted.
3. When the application is deemed complete by the staff, the request will be assigned a Docket number and will be placed on the appropriate agenda, and the applicant will be notified of that fact. At that time, the remaining application fee will be due, and the public hearing signs will be issued (as applicable).

**All Fees Are  
 NON- REFUNDABLE**

Application Number \_\_\_\_\_

Docket Number \_\_\_\_\_



# SUBDIVISION

City Plan Commission  
Suite 329, City-County Bldg.  
New Albany, IN 47150  
(812) 948-5333

## APPLICATION FOR SUBDIVISION OF LAND

Check One:    **(P)** Preliminary Plat                       **(S)** Secondary Plat

DOCKET NO. \_\_\_\_\_ DATE FILED \_\_\_\_\_

**1. Address of Property for Subdivision** \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Phone No. \_\_\_\_\_

Applicant    Owns                       Options                       property for Subdivision.

**2. Owner of Property for Subdivision** \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Phone No. \_\_\_\_\_

3. Present Zoning of Property: \_\_\_\_\_ Number of Acres: \_\_\_\_\_

4. Proposed Name of Subdivision: \_\_\_\_\_ Number of Lots: \_\_\_\_\_

5. This Subdivision is for    Residential     Commercial     Industrial     Mixed     Uses.

6. Has this proposed Subdivision been platted previously? Yes     No     If Yes, Plat No.: \_\_\_\_\_

7. What is the current use of the property? \_\_\_\_\_  
\_\_\_\_\_

8. Has any other zoning or subdivision application been filed on this property? \_\_\_\_\_

If so, describe and give date: \_\_\_\_\_

9. Hearing Date: \_\_\_\_\_

(May be completed by staff)

We the undersigned hereby state that we have provided a complete and accurate list of all adjacent property owners and their mailing addresses, (Exhibit 1, attached), as recorded in the New Albany Township Assessors Plats. In addition, we also petition the New Albany City Plan Commission for approval of the subdivision plat:

Architect/Eng/Surveyor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone (office): \_\_\_\_\_

Application taken by: \_\_\_\_\_

Signed \_\_\_\_\_  
(Applicant, as owner or approved agent)

\_\_\_\_\_  
Planning Representative

Signed \_\_\_\_\_  
(Owner, if other than applicant)

Adjacent Property Owners

1. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_
  
2. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_
  
3. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_
  
4. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_
  
5. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_
  
6. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_
  
7. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_
  
8. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

If additional space is needed, please copy and attach separate page.