



City of New Albany, Indiana
City Plan Commission
Application for Subdivision of Land

142 East Main Street, Suite 200
New Albany, IN 47150
812-948-5327

www.cityofnewalbany.com

Date Stamp

Docket #: _____

Date Filed: _____

APPLICATION FOR SUBDIVISION OF LAND

Fee: **Residential** - \$350 + \$10/lot + \$10 signs

Final Plat - \$175 + \$10/lot

Commercial - \$750 + \$10/lot + \$10 signs

Final Plat - \$375 + \$10/lot

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

1. Address/Parcel I.D. of Property for Subdivision: _____

Name of Applicant: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Phone #: _____

Applicant ☐ Owns ☐ Leases ☐ Options property for Subdivision

2. Owner of Property for Subdivision: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Owner's Phone #: _____

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? _____

All fees are NON-REFUNDABLE

Docket #: _____

8. Has any other zoning or subdivision application been filed on this property? Yes ☐ No ☐

If yes, describe and give date: _____

9. Hearing Date (may be completed by staff): _____

Architect/Engineer/Surveyor: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (office): _____

By signing below, I acknowledge that the information provided by me is true and accurate to the best of my knowledge. In addition, by signing below, I hereby permit members of the New Albany Board of Zoning Appeals, as well as their staff, to enter onto the property for purposes of inspection. Finally, by signing below, I acknowledge receipt of two (2) public hearing signs that I agree to post and maintain **in conspicuous places** on the property for the subdivision **15 days prior to the public hearing**.

Printed name of **APPLICANT**

Signed name of **APPLICANT**

Printed name of **OWNER**

Signed name of **OWNER**

Application taken by:

Planning Representative