



Land Use / Minor Residential Subdivision Application

OFFICIAL USE ONLY:	
UDO Number: _____	Zoning Dist.: _____
Date Filed: _____	Flood Zone: _____
Amount Paid: _____	Watershed: _____
Received By: _____	Taxes Pd(Y/N): _____
LLC current: _____	

Application for 1 Lot Minor Subdivision Plus Residual Lot

Contact Information

<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> APPLICANT	<input type="checkbox"/> AGENT FOR APPLICANT
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Telephone: _____	Telephone: _____	Telephone: _____
Email: _____	Email: _____	Email: _____

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____
 DOCUMENTATION OF PROPERTY OWNER GIVING CONSENT TO AGENT (Y/N/NA): _____

Project/Property Information

Project Name: _____
 Physical Street Address _____
 Location: _____
 Parcel ID Number(s): _____
 Deed Book / Page Number and/or Plat Cabinet / Slide Number: _____
 Total Parcel(s) Acreage: _____ Total Number of Lots: _____
 Existing Land Use of Property _____ Water Fee Paid (Y,N,NA): _____
NOTIFY CAMDEN WATER DEPARTMENT IMMEDIATELY TO CONFIRM WATER AVAILABILITY
 Perc Test (Y,N,NA): _____ County Approval Sewer Connection (Y,N,NA): _____

Meeting

Community Meeting Held? (Y,N,NA): _____ Meeting Location: _____

I, the undersigned, do certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief. Further, I hereby authorize county officials to enter my property during reasonable business hours for purposes of determining zoning compliance. All information submitted and required as part of this application process shall become public record.

 Property Owner(s)/Applicant* _____
 Date

***Note: Forms must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants, a signature is required for each.**

01/21/2025