



City of Walterboro
APPLICATION for
PRELIMINARY PLAT REVIEW
FINAL PLAT APPROVAL

\$50.00 min./\$10.00 per lot

\$20.00 min./\$10.00 per lot

Date Received (OFFICE USE ONLY) _____
 By (OFFICE USE ONLY) _____
 Total Fee: (OFFICE USE ONLY) _____

Applicant (PLEASE PRINT): _____
 Address: _____
 City, State, ZIP: _____
 Contact Telephone Number: _____
 Fax Number: _____
 Tax Map Reference#: _____
 Zoning: _____
 Existing Number of Parcels: _____
 Proposed Number of Parcels: _____

For each parcel after subdivision list parcel square footage, building gross square
 footage (if applicable) and number of dwelling units (if applicable):

By signing below, I understand that, while this application will be carefully
 reviewed and considered, I am required to comply with all provisions
 of the Subdivision Ordinance. I further understand that I am required to
 provide water and/or sewer service to any new lots created as a result
 of this subdivision.

Signature _____

Date _____

TO BE FILLED OUT BY OFFICE STAFF

Application Date: _____ Application Number: _____

Date of Zoning Review: _____

Staff: _____

Approved: Yes No

If no - reason: _____

Date Sent to Engineering: _____

Engineering

Water Available Yes No Initials: _____

Notes: _____

Sewer Available: Yes No Initials: _____

Notes: _____

Flood Plain Yes No Initials: _____

Notes: _____

Address Assigned: Yes No Initials: _____

Notes: _____

Date Returned to Zoning: _____