

Town of Williamston Subdivision Request Form

Date _____ / _____ / _____

Applicant _____

Address: Street/PO _____

City _____ State _____ Zip _____

Phone _____

Property Owner _____

Address: Street/PO _____

City _____ State _____ Zip _____

Phone _____

Proposed Subdivision Name _____

Subdivision type _____ Commercial _____ Residential Minor Subd. _____ Major Subd. _____

Location (Street/Road) _____

Current Zoning of Property _____ Zoning Change being Requested _____

Total Acres to be subdivided _____

Number of existing lots or parcels _____ Number of new lots or parcels proposed _____

Proposed Improvements

Water _____ Provider _____

Sewer/Septic _____ Provider _____

Number of proposed new streets _____

Total footage based on centerline measurement of new street(s) _____

Proposed name(s) of new street(s) _____

Applicant signature _____