



Planning Division
 PO BOX 490, Station 11
 Gainesville, FL 32627
 Ph: 352-334-5023
 Email: planning@gainesvillefl.gov

Subdivision Application

| | | | |
|---|-------|-------|-------------------|
| Check One: (See Sec. 30-2.1 for a definition of the below) | | | |
| Design | Final | Minor | Single lot replat |
| Subdivision Name: | | | |
| Tax Parcel Number(s): | | | |

| Owner(s) of Record | |
|--------------------|--------|
| Name(s): | |
| Mailing Address: | |
| Phone: | Email: |

| Applicant/Project Coordinator | |
|-------------------------------|----------|
| Name: | Company: |
| Mailing Address: | |
| Phone: | E-mail: |

| Subdivision Information | |
|--------------------------------------|-----------------------|
| Parcel location: | |
| Future Land Use Designation: | Zoning: |
| Gross area of subdivision (acres): | Total number of lots: |
| Gross density (lots per gross acre): | |

I certify that the above statements are correct and true to the best of my knowledge.

Applicant Signature: _____ **Date:** _____