

**CITY OF CLANTON PLANNING COMMISSION**

**REQUEST FOR SUBDIVISION PLAT APPROVAL**

CITY OF CLANTON  
PO BOX 580  
CLANTON AL 35046  
205/755-6840

Date of Application: \_\_\_\_\_

Name of Subdivision: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Engineer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Surveyor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Agent Designated by Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Zone: \_\_\_\_\_ Number of Lots: \_\_\_\_\_

Parcel ID Number: \_\_\_\_\_

Proposed improvements requested of the City: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach two (2) copies of the proposed plat. Also two (2) copies of a construction plan for erosion control, drainage, streets, profiles, and other required plans.

Present Zoning Classification of Area: \_\_\_\_\_

Application fee: