



MINOR SUBDIVISION CHECK LIST

(Five (5) lots or less)

1. _____ Pre-Application meeting
2. _____ Completed application
3. _____ Basic Fee (\$250.00, plus \$30.00 per lot)
4. _____ 3-Full size plats
_____ 1-11" x 17" plat
5. _____ List of names & addresses of all adjacent property owners as they appear on the most recent Baldwin County tax records
6. _____ Utility availability letters
7. _____ Deed
8. _____ Owner Authorization Form
9. _____ Submittal letter from Baldwin County if located in the ETJ



**CITY OF FOLEY, ALABAMA
APPLICATION FOR A MINOR SUBDIVISION**

Date _____

City Limits ____ ETJ ____

1. Name of Subdivision _____

2. Name of Applicant/Owner _____

Phone _____

Email _____

Address _____
(Street Number and Name) (City) (State) (Zip Code)

3. Engineer _____

Phone _____

Email _____

Address _____
(Street Number and Name) (City) (State) (Zip Code)

4. Location of Subdivision _____

5. Total Acreage _____

Number of Lots _____

6. Parcel Pin # _____

7. I _____, hereby depose and say that all the above statements and the statements contained in the papers submitted here within are true.

Signature/Title _____

Mailing Address _____

Phone _____

Email _____



AGENT AUTHORIZATION FORM

I/We authorize and permit _____
to act as My/Our representative and agent in any manner regarding this application which
relates to property described as tax parcel ID# _____

I/We understand that the agent representation may include but not be limited to decisions
relating to the submittal, status, conditions, or withdrawal of this application. In understanding
this, I/We release the City of Foley from any liability resulting from actions made on My/Our
behalf by the authorized agent and representative. I hereby certify that the information stated
on and submitted with this application is true and correct. I also understand that the submittal of
incorrect information will result in the revocation of this application and any work performed will
be at the risk of the applicant.

**Note: All correspondence will be sent to the authorized representative. It will be the
representative's responsibility to keep the owner(s) adequately informed as to the status of the
application.*

PROPERTY OWNER(S):

Name(s) printed

Address

City/State

Phone

Email

Fax

Signature(s)

Date

PROPERTY OWNER(S):

Name(s) printed

Address

City/State

Phone

Email

Fax

Signature(s)

Date



**MEMORANDUM OF TRANSMITTAL
FOR EXTRA TERRITORIAL JURISDICTION ONLY**

Date: _____

To: The City of Foley Planning Commission

Applicant certifies that submittals have been made for the following identified Extra-territorial subdivision to the Baldwin County Engineering Department as evidenced by the certificate affixed below:

Name of Subdivision: _____

Parcel PIN # _____

Signature of Applicant: _____

I, the undersigned, hereby acknowledge receipt of plat and/or plans for the proposed development named above. (Signature on this acknowledgement shall not constitute any approval of such plans.)

Received: _____
Date

By: For the Engineer/Planner