

Mitchell County
Planning & Zoning Department
18 North Court St.
PO Box 302
Camilla, Georgia 31730

Phone (229) 336-2060
Fax (229) 366-2063

Thomas Wade
Zoning Administrator

COMBINED
PRELIMINARY
FINAL

APPLICATION _____
DATE _____
FEE PAID _____

SUBDIVISION APPLICATION

Proposed Subdivision Name _____
Landowner/Agent _____
Address _____ Contact Phone # _____
Engineer or Surveyor _____
Total Acreage in proposed development _____
Location of Property _____
Zoning District _____ Land Lot # _____ Land District # _____
Sanitary Sewer -- available or proposed _____
Central Water System -- available or proposed _____

I hereby certify that I am the owner, or legal agent of the owner, in fee simple of the above described property.

Witness _____ Owner/Agent _____
Date _____ Date _____

Required Attachments (10 copies each) *Plat* *Legal Description* *Vicinity Map*