

Mitchell County Governmental Complex
Planning & Zoning Department
5201 US Hwy 19 South
Camilla, Georgia 31730

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Russell Moody
Zoning Administrator

COMBINED
PRELIMINARY
FINAL
DIVISION

APPLICATION #: _____
DATE: _____
FEE PAID: _____

**LAND DIVISION/ SUBDIVISION
APPLICATION**

10 Xerox Copies of Each Plat Required

Land Division/ Subdivision Name _____

Landowner/Agent _____ Contact Phone # _____

Address _____

Engineer or Surveyor _____

Total Acreage in proposed development _____ Map _____ Parcel _____

Address/ 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.

Owner/Agent _____ Witness _____

Date _____ Date _____

Planning Commission meeting.....DATE/TIME: _____

Board of Commissioners meeting.....DATE/TIME: _____

Meetings are held in the Emergency Operations Center
Mitchell County 911 Center
4767 Hwy 37 East
Camilla, Georgia 31730