



THE TOWN OF
Irmo
 GATEWAY TO LAKE MURRAY

PLAT/SUBDIVISION REVIEW APPLICATION

Please print clearly or type responses. Complete and submit the application and attachment(s). Provide at least three (3) copies and one (1) digital copy, no larger than 24" x 36". If the applicant is not the owner(s), the owner(s) must complete and sign the *Designation of Agent*. **Plats must be designed by an SC registered land surveyor or engineer**. Any parcel subdivided into 3 or more parcels/lots is subdivision. Subdivisions must be named. Street and subdivision names are vetted by E-911 and approved by the Planning Commission. Complete and return subdivision/street name information below the application (*as applicable*). Provide a copy of the proposed restriction/covenant for the new proposed subdivision.

Applicant Name: _____ Address: _____

Phone: _____ Email: _____

Relationship to Property Owner: Same Lessee/Business Owner Contractor Other: _____

Designation of Agent: I/we hereby authorize the person named as Applicant to act on my/our behalf to submit and amend documents, meet with staff, and attend public meetings/hearings. Complete all designated areas.

 Owner (*print*) Owner Signature Date

 Witness (*print*) Witness Signature Date

Phone: _____ Email: _____

PLAT INFORMATION Check applicable

Plat Type: Minor Subdivision (*Subdivision of parent parcel into 2 lots*) Combination (*Joining 2 or more parcels*)

Preliminary Subdivision (*Sudiviaion od parent parcel into 3 or more lots*) Final Subdivision

Resurvey (*Existing Recorded Plat*) Minor/Major Plat Amendment (*Previously Approved Plat*)

Zoning District: RS RG CO CN CG LM FA MD

Propose Use: Residential Non-residential

Total Area (sq ft)/acre: _____ Existing # of Parcel(s): _____ Proposed # of Parcel(s): _____

Parent Parcel(s) Tax Map #: _____

LAND SURVEYOR/ENGINEER INFORMATION

Company Name: _____ Contact Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell: _____ Email: _____

I attest to the best of my knowledge the information and attachment(s) provided are accurate. The proposed activity does not contradict any restrictions and covenants.

 Applicant Signature

 Date

SUBDIVISION/DEVELOPMENT & ROAD NAME RESERVATION APPLICATION

Parent TMS#(s): _____

Provide at least twelve (12) potential names. Street and subdivision names are vetted by E-911 and approved by the Planning Commission.

Proposed Subdivision Name

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.

Proposed Road/Street Name

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.
15.	16.

PLAT CHECKLIST

1. Vicinity Map
2. North Arrow (i.e. map and year, true, and grid)
3. Numerical Scale
4. City, County, State
5. Date of Survey (Revision date, if applicable)
6. Tax Book Information
7. Graphic Scale
8. Legal Description
 - a) metes & bounds description (if required)
 - b) lot number(s)
 - c) subdivision
 - d) as shown on (copied from another survey)
 - e) acreage and/or square footage
 - f) other _____
9. Surveyed for:
10. Certification
 - a) closure
 - b) flood zone (is/is not)
 - c) community panel #
 - d) effective date
 - e) location of residence/foundation
 - f) location of driveway
 - g) wetland location
11. Property Lines Defined
 - a) correct bearings
 - b) correct distances
 - c) directional arrows (optional)
 - d) curve data
12. Easements
 - a) type of easement
 - b) width of easement
13. Encroachments
 - a) what kind of encroachment
 - b) amount of encroachment
15. Adjacent Lot Owners
16. Adjacent Street Names and Right-of-Way
17. Setback Distance
18. Plat Book/ Deed References
19. Developer Name and Address
20. Signature/Seal of Surveyor
21. Distance to the nearest intersection
22. Legend
23. Dimension from P/L to Building
24. Structures w/ Dimensions
25. Nearest Water Body
26. Proposed/Existing Stormwater Retention/Detention Pond
27. Other _____