

CITY OF FROSTBURG
 SUBDIVISION & LAND DEVELOPMENT APPLICATION



DEPARTMENT OF COMMUNITY DEVELOPMENT
 CITY HALL
 59 E. MAIN STREET, P.O. BOX 440
 FROSTBURG, MD 21532

Application Type: Subdivision Land Development | Project Name: _____

Applicant's Name: _____ Phone No.: _____

Applicant's Address: _____

Property Owner's Name: _____ Phone No.: _____

Property Owner's Address: _____

Project Location: _____

Surveyor/Engineer: _____

INITIAL CONSULTATION WITH PLANNING COMMISSION DATE (OPTIONAL): _____

SKETCH PLAN SUBMITTAL DATE (OPTIONAL): _____

Review Agency	Submission Date	Date of Receipt of Reports
Planning Commission		-----
County Health Department		
County Planning Commission		
Soil Conservation District		
Other: _____		

PLANNING COMMISSION FINDINGS TO DEVELOPER/SUBDIVIDER DATE: _____

PRELIMINARY PLAT/PLAN SUBMITTAL DATE: _____

Review Agency	Submission Date	Date of Receipt of Reports
Planning Commission		-----
County Health Department		
County Planning Commission		
Soil Conservation District		
Frostburg Fire Department		
Utility Co.:		
Other: _____		

PLANNING COMMISSION MEETING DATE: _____ | PLANNING COMMISSION CONDITIONAL APPROVAL DATE: _____

FINAL PLAT/PLAN SUBMITTAL DATE: _____

Review Agency	Submission Date	Date of Receipt of Reports
Planning Commission		-----
County Health Department		
County Planning Commission		
Soil Conservation District		
Frostburg Fire Department		
Utility Co.:		
Other: _____		

PLANNING COMMISSION MEETING DATE: _____ | PLANNING COMMISSION APPROVAL DATE: _____

APPROVAL NOT FINAL UNTIL:

- a.) One exact copy of approved Final Plat + a reproducible copy with required signatures submitted to Planning Commission
- b.) A copy of the subdivision plat filed for record with the Clerk of the Circuit Court of Allegany County with written receipt to Planning Commission
- c.) Distribute other prints to official agencies as required.

Plat or Plan to be prepared in accordance with Subdivision and Land Development Ordinance 2001-06. Number of copies to be specified by City.

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

FOR CITY USE ONLY

FEEs: Consultation (optional) \$ _____ + Review \$ _____ + Other \$ _____ = TOTAL DUE \$ _____ Payment Type: Cash Check No.: _____

Application Date: _____ Taken by: _____ No. of Plans or Plats Received: _____

Status: APPROVED DENIED Date: _____