CITY OF GATLINBURG
MINOR SUBDIVISION RECORD PLAT

NAME OF MINOR SUBDIVISION ____________________________

PROPERTY OWNER'S NAME ______________________________

MAILING ADDRESS __________________________ PHONE ______

SURVEYOR __________________________ PHONE ______

DATE SUBMITTED FOR APPROVAL _______________________

Please note that a minor subdivision must be located on an existing public street and require no extensions of water, sewer, or gas lines. In addition, the property must be situated in a manner that there are no changes in existing streets, no new streets or easements of access, and no excavation, grading, or physical development.

CHECKLIST:

______ Thirteen copies submitted, as required, prior to meeting.
______ Drawn to required scale.
______ Name, location, owner, and surveyor.
______ Date, north point, graphic scale, and zoning district.
______ Location of all existing physical features on land, easements, and reservations.
______ Names of adjoining property owners and/or subdivisions.
______ Name, location, and dimensions of existing public street access for the subdivision tract.
______ Contours at no more than 5 foot intervals (if applicable).
______ Acreage of land to be subdivided.
______ County Health Department Approval for sewage system.
______ Conforms to general requirements and minimum standards of design.

APPROVED __________ SUBJECT TO THE FOLLOWING MODIFICATIONS __________

DATE

____________________________________

DISAPPROVED __________ FOR THE FOLLOWING REASONS __________

____________________________________

SIGNED ____________________________

SECRETARY OF PLANNING COMMISSION