

Town of Rockport Subdivision Application

OWNER & APPLICANT INFORMATION (please print)

Property Owner(s): _____

Owners Mailing Address _____

Owners Tel # _____ Fax _____ Email _____

Applicant/Agent _____

Agents Mailing Address _____

Agents Tel # _____ Fax _____ E-mail _____

PROJECT INFORMATION

Subdivision Amendment _____ Recorded in Knox County Cabinet Etc. _____

Name of existing Subdivision _____

Subdivision New _____

Name of Proposed Subdivision _____

Map: _____ Lot: _____ Lot Area: _____ Proposed Water Supply _____

Proposed Number of Lots _____ Proposed Waste Disposal _____

Important Note to Owners, Applicants and Agents

Applicants are advised to carefully follow all the time frames and application requirements of the current Rockport Subdivision Ordinance for each stage of the subdivision review process:

To the best of my knowledge, all information submitted on this application and supporting documentation is true and correct.

Date _____

Signature of Applicant _____

Office Use Only:

Date Received: _____

Received by: _____

Title: _____