



TUSCALOOSA
PLANNING COMMISSION

SUBDIVISION SUBMISSION CHECKLIST

Please complete all of the following required fields:

Subdivision: _____ Parcel ID: _____ Total Acres: _____

Surveyor or Engineer

Name: _____ Email: _____ Phone: _____

Address: _____ City/State: _____ / _____ ZIP Code: _____

Property Owner

Name: _____ Email: _____ Phone: _____

Address: _____ City/State: _____ / _____ ZIP Code: _____

Applicants MUST include ALL of the following documentation with the submission of this checklist:

6 Plats MAP FOLDED to 8 ½" x 11"	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Digital copy of Plat (with & without contours)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Pre-design conference (if so, list date)	<input type="checkbox"/> YES _____	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Master Plan provided	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Drainage study	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Variance request letter	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Designation of Agent form	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Vicinity & Tax maps at 8 ½" X 11" scale	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3 Labels (name & address) for the applicant, the property owner, and each adjacent property owner (1" x 2 5/8" clear & self-adhesive)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Certification of Applicant

NOTE: AFTER THE MAILING OF ANY NOTIFICATION TO SURROUNDING PROPERTY OWNERS, A PETITIONER OR DEVELOPER MAY ONLY REQUEST TO HAVE THE SCHEDULED HEARING ON THE PETITION POSTPONED BY APPEARING AT THE HEARING IN PERSON TO REQUEST A CONTINUANCE.

I HAVE REVIEWED, COMPLETED, & AGREE TO ALL SUBMITTIAL REQUIREMENTS AS PART OF THIS APPLICATION. ADDITIONALLY, I WARRANT IN GOOD FAITH THAT ALL OF THE ABOVE FACTS ARE TRUE AND CORRECT.

Signature: _____ Date: _____

**PLEASE SUBMIT AN ELECTRONIC COPY OF THIS DOCUMENT
AND ALL NECESSARY SUPPORTING MATERIALS TO:**

Office of Urban Development: 2201 University Boulevard, Annex III, 3rd Fl planningcommission@tuscaloosa.com
Planning Division Tuscaloosa, AL 35401