City of Demopolis Alabama

Post Office Box 580
Demopolis, Alabama 36732
(334) 289-0577
Fax (334) 289-8051

Date:	Notice Mailed:	
Fee Paid:	Hearing Date:	
Publication Date:		

Fax (334) 289-8051		
Demopolis Planning Commission Subdivision or Subdivide Request Application		
	Name of Applicant:	
Applicant	Applicant Address:	
	Telephone Number: Fax:	
	Name of Subdivision:	
	Address of Subdivision:	
	Number of lots in Subdivision:	
	Legal Description of property:	
	(may be attached)	
Subdivide Information	Address to Subdivide:	
	Number of lots:	
	Legal Description of property:	
	(may be attached)	
List of Names and Addresses of Adjacent Land Owners		
Name:	Address:	
Poguacting a review by th	l e Demopolis Planning Commission this Application and a fee of \$120.00	
plus \$7.00 each notification to adjoining property owners. This Application must be filed four (4) weeks before the next scheduled meeting. The Demopolis Planning Commission meets on the		
second (2) Tuesday of every month.		
cocond (2) recodely of overy months		
Applicant Signature		
Date		