

The City of Calera Preliminary Plat Application For All Subdivisions Excluding Minor Subdivisions



Project Information

Subdivision Name: _____

Site Address/Location: _____

Current Zoning: _____ Date Zoning was Acquired: _____

Zoning Ordinance Number: _____

Type of Subdivision: Single Family Multi Family PUD Commercial

Plat Acreage: _____ acres Number of Lots: _____

Preliminary Plat Review Fee Calculation:

\$50 per lot + Number of Adjacent Lots x \$(Current Certified Postage Rate) =
\$ _____

Owner/Developer Information

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

E-mail: _____

Applicant Information

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

E-mail: _____

Engineer of Record Information

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

E-mail: _____

THIS SECTION TO BE COMPLETED BY CITY PERSONNEL

Date Application Received: _____

Plans Received (6 full size and pdf's) Drainage Study Received Plans Distributed to Depts

Preliminary Plat Payment Received Amount \$ _____

Preliminary Plat Added to the Planning Commission Agenda

Date Added to the Agenda: _____

Note: The Preliminary Plat shall not be considered completed until such time that each City Staff Approval is attained. It is the Applicant's responsibility to coordinate with each Department to address all concerns. Once all City Staff Approvals are acquired, the application shall be complete and then the Preliminary Plat shall be added to the agenda for consideration.

The Calera Zoning Department shall receive and distribute construction documents to each department. Each Department has 14 calendar days to respond in writing to the zoning department. Comments shall be in written format on Department Letterhead.

City Staff Approvals

_____ Date: _____
ZONING ADMINISTRATOR

_____ Date: _____
CITY ENGINEER

_____ Date: _____
BUILDING OFFICIAL

_____ Date: _____
PUBLIC WORKS DIRECTOR

_____ Date: _____
FIRE CHIEF or FIRE MARSHALL

_____ Date: _____
POLICE CHIEF or DEPUTY CHIEF