



Fountain
Inn

200 North Main Street
Fountain Inn, SC 29644
864-409-3334

PRELIMINARY SUBDIVISION APPLICATION

Name of Subdivision: _____
Property Owner/Developer: _____
Contact Name: _____ Telephone: _____
Address: _____
Email: _____

Surveyor/Engineer: _____ Telephone: _____
Contact Name: _____
Address: _____
Email: _____

Property Location: _____
Tax Map #: _____
Lot(s): _____

Roads: Public: _____ Private: _____ Unpaved Private Drive: _____ Length of Road _____ LF

Utilities:
Power: Duke Energy: _____ Laurens Electric: _____
Natural Gas: Fountain Inn Natural Gas Provided: _____ Yes _____ No
Fire District: _____
Water District: _____ or Wells: _____
Sewer District: _____ or Septic _____
Length of Sewer: _____

Are there recorded private covenants and/or restrictions that are contrary to conflict with or prohibit the proposed request? ___ Yes ___ No

Is this a Cluster Development: ___ No ___ Yes
Open Space Required: _____ Open Space Provided: _____

Greenville County Storm Water Approval Attached: ___ Yes ___ No
SCDHEC Sewer Approval Attached: ___ Yes ___ No

Notice of Subdivision Advisory Committee Meeting is scheduled for _____ at 9:30 a.m. in the Council Chamber at Fountain Inn City Hall. You are encouraged to have a representative at the meeting in the event there are questions on the proposed design.

I do hereby certify as that the information shown on this application is correct, and that I will comply with the requirements of this application.

Print Name

Signature

