

City of South Charleston

MUNICIPAL PLANNING COMMISSION

P. O. Box 8597 South Charleston, WV 25303

Telephone: 304-720-5985Fax: 304-720-5989 E-mail: mtitlow@cityofsouthcharleston.com

SUBDIVISION APPLICATION REQUIREMENTS

Date:_		Zoning Ordinance Code
Please	e complete the following:	
1.	Name, address, and telephone number of applica	nnt: Email address:
		Phone number:
2.	Give reason for Subdivision including compatibility conditions, and other matters affected by the charge	•
3.	Attach a list names and addresses of all abutting	
4.	ATTACH COPIES OF DEVELOPMENT PLAN SHOWING: a. North arrow, scale, date, vicinity map	
	 Existing and proposed streets, utilities (easements), building, structures, drives, and significant natural or man-made features. Those to be removed shall be designated by dashed lines. 	
	c. Proposed landscaping, screening and buf	fer areas. erties including those across streets and alleys.
5.	Fee of One Hundred Fifty Dollars (\$150).	
6.	Applications must be filed with the Secretary to the Board by the fifteenth (15 th) of each month neater than 11am to be placed on the next month's Agenda. Hearings are scheduled on the second (2 nd) Wednesday after the first (1 st) Tuesday of every month.	

a. Each applicant must appear personally or by counsel or agent at their scheduled hearing

Petitioner

date.

^{*}Each applicant must be in good standing with all departments of the City of South Charleston before filing this application.