



Gilchrist County Planning & Development

209 SE First Street Trenton, FL 32693
 Phone: (352) 463-3173 Fax: (352) 354-9113
 E-mail: permitting@gilchrist.fl.us

Date Submitted: _____

Application Number: _____

Subdivision Application Form

Applicant Information	
Name	
Company	
Address	
Phone Number	
Fax/E-mail	
Applicant's Interest in Property	<input type="checkbox"/> Registered Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Option to Buy <input type="checkbox"/> Representative of Owner <input type="checkbox"/> Legal Representative <input type="checkbox"/> Other: _____
Current Owner (if different from applicant)	
Name	
Company	
Address	
Phone Number	
Fax/E-mail	

Proposed Subdivision	
Number of lots in subdivision	
Type of Subdivision	<input type="checkbox"/> Minor (less than 5 lots) <input type="checkbox"/> Major (5 lots or more)
Name of Proposed Subdivision	
Parcel Identification Number	

Utilities	
Services that are existing	
Services to be installed Owner	

 Owner/ Applicant Signature

 Date

 Printed name of above