



Preliminary Subdivision Application

Name of Subdivision: _____

Property Owner/Developer: _____

Contact Name: _____ Telephone: _____

Address: _____ Email: _____

Surveyor/Engineer: _____ Telephone: _____

Address: _____ Email: _____

Property Location: _____

Tax Map #: _____ Acreage: _____ Lots: _____

Roads: Public: _____ Private: _____ Length of Roads: _____

Utilities:

Power: Duke Power

Fire District: City of Travelers Rest

Natural Gas: Piedmont Natural Gas

Water District: Greenville Water

Sewer District: _____ or Septic: _____

Length of Sewer: _____

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

Is this a cluster development? Yes _____ No _____

Open Space Required: _____ Open Space Provided: _____

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

Signature: _____ Date: _____

Print: _____