



CITY OF GUYTON

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www.cityofguyton.com
Working Together to Make a Difference

Mayor
Andy Harville
City Manager
Bill Lindsey
City Clerk
Moses Walker

FINAL PLAT SUBMITTAL FORM

OFFICIAL USE ONLY

Date Received: _____ Project Number: _____

Date Reviewed: _____ Reviewed By: _____

Name of Subdivision _____

Name of Applicant/Agent _____ Phone _____

Company Name _____

Full Address _____

Owner of Record* _____ Phone _____

Full Address _____

Engineer* _____ Phone _____

Full Address _____

Surveyor* _____ Phone _____

Full Address _____

*Information may be left blank if it is the same as indicated on the sketch plan submittal form

Total Acreage Subdivided _____ Zoning _____ Number of Lots _____

Date of Sketch Plan Approval _____ Date of Preliminary Plant Approval _____

Map #/Parcel # to be Subdivided _____ List all contiguous holdings in the same ownership

Map #/Parcel # _____

Water Supply _____

Sewer Supply _____

Have any changes been made since this Subdivision was last before the City Council? _____

If so, please describe: _____

The undersigned (applicant)(owner), hereby acknowledges that the information contained herein is true and complete to the best of its knowledge.

This ____ day of _____, 20____

Applicant

Owner

Notary