

CARROLL COUNTY DEVELOPMENT REVIEW DIVISION
AMENDED PLAT APPLICATION

To be completed and submitted with the initial development plan submittal package **If ownership changes during the development review process, a new application will be required.**

1. Subdivision Name: _____ File Number: _____
2. Purpose of Amendment: _____
3. Previously Recorded in Platbook: _____ Page: _____ Date: _____
4. Property Tax Account Number: _____
(10 digits, beginning with 07)
5. Title Information:
 - A. Current Deed Reference: Liber: _____ Folio: _____ Date: _____
 - B. Acreage of Property: _____ Acreage of Plan: _____
 - C. Acreage of Remaining Portion: _____
6. Location Information: ____North ____South ____East ____West
Side of (road name): _____
Nearest Intersecting Road: _____ Distance: _____
Tax Map/Block/Parcel: _____/_____/_____
7. Existing Zoning Districts: _____
8. Existing Use: ____Residential ____Commercial ____Industrial ____Other _____
9. Total Number of Lots: _____
10. Water: ____Public ____Private Sewer: ____Public ____Private
11. Owner: _____ Phone: _____
Address: _____ Email: _____
12. Developer: _____ Phone: _____
Address: _____ Email: _____
13. Engineer/Surveyor: _____ Phone: _____
Address: _____ Email: _____