

TOWN OF PINE LEVEL- SUBDIVISION APPLICATION FORM

Name of Subdivision _____

Tax Map # _____ Total Acreage of Tract _____

Total Number of Lots _____ Linear Footage of Streets Proposed _____

Proposed Street Names _____

Inside City Limits: Yes _____ No _____ Zoning Classification _____

TYPE OF PLAT

FEE REQUIRED

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Sketch Plan – (Minor Sub.) | \$50.00 |
| <input type="checkbox"/> Sketch Plan – (Major Sub. 5 to 40 lots) | \$100.00 |
| <input type="checkbox"/> Sketch Plan – (Major Sub. 41 or more lots) | \$200.00 |
| <input type="checkbox"/> Exempt/ Review/ Recombination | \$50.00 |
| <input type="checkbox"/> Preliminary Plat- (Minor Sub.) | \$150.00 |
| <input type="checkbox"/> Preliminary Plat- (Major Sub. 5 to 40 lots) | \$250.00 plus \$25 per lot |
| <input type="checkbox"/> Preliminary Plat- (Major Sub. 41 or more lots) | \$500.00 plus \$25 per lot |
| <input type="checkbox"/> Final- Minor | \$500 Developer Fee per lot |
| <input type="checkbox"/> Final- Major | \$500 Developer Fee per lot |

Owner/ Developer Name _____

Address: _____

Phone Number: _____ Cell Number: _____ Fax Number: _____

Surveyor/ Engineer Name _____

Address: _____

Phone Number: _____ Cell Number: _____ Fax Number: _____

Improvements (check all that apply)

- Public Streets
- Municipal Water
- Private Water (well)
- Municipal Sewer
- Private Sewer (septic)

Recreation (check one)

- Dedication (1/35 acre X number of dwelling units or lots, whichever is greater.
_____ Amount of Land (acres)
- Fee in-lieu (of acres X fair market value)
\$ _____

Additional Plans Provided (check all that apply)

- Road Construction Plans
- Storm Water Management Plan
- Other _____

To the best of my knowledge and ability, I certify that the above information and that contained on the attached plat is true and accurate and complies with all applicable laws and ordinances.

Signature and Printed Name of Owner or Authorized Representative

Date

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For Internal Use Only

Date Received: _____ **Paid:** _____ **Received by:** _____

Review Agency Distribution

Date **Comments Received** **Date**

NC Dept. of Transportation _____ _____ yes _____ no _____

JC Dept. of Environmental Health _____ _____ yes _____ no _____

Notification Distribution

JC School Board _____

Pine Level Fire Dept. _____

JC Emergency Services _____

Public Works Supt. _____