

APPLICATION FOR SUBDIVISION

THIS SECTION FOR OFFICE USE

Application No.	PP 451-2016	Date	12-22-16
Application Fee	\$ 500 + (10 * 39) 890	Receipt No.	
Master Plan Hearing Date	by-right TRC-1-4-17	Preliminary Plat Hearing Date	TRC 1-4-17 ^{by-right}

SECTION 1: APPLICANT INFORMATION

Applicant's Name: BILL CLARK HOMES	Owner's Name: LARRENDA HAYNES
Applicant's Address: 127 RACINE DR. #201	Owner's Address: 5319 CENTRY LANE
City, State, & Zip: WILMINGTON, NC 28403	City, State, & Zip: WOODBRIDGE, VA 22193
Phone Number: 252-814-1481	Phone Number:
Email Address: LWeaver@BillClarkHomes.com	Email Address:
Legal relationship of applicant to land owner:	

SECTION 2: PROJECT INFORMATION

Preliminary Plat	<input checked="" type="checkbox"/> Residential <small>RP, PD, RM, MH District</small>	<input type="checkbox"/> Mixed Use <small>PD</small>	
Subdivision Type	<input checked="" type="checkbox"/> Major (11 lots or more)	<input type="checkbox"/> Minor (10 lots or less)	
Property Identification Number (PIN):	3293-34-3002-0000	Total property acreage:	22.04 AC
Zoning Classification:	RP	Acreage to be disturbed:	7.41 AC > 29.45 AC
Additional Information:			
RP/4B			

SECTION 3: SIGNATURES

Applicant's Signature	
Owner's Signature	Date: 12/13/16
	Date: 12/13/2016

NOTICE TO APPLICANT

1. Applicant or agent authorized in writing must attend the public hearing.
2. Once the public hearing has been advertised, the case will be heard unless the applicant withdraws the application or unless the Planning Board or other authorized person agrees to table or delay the hearing.
3. All fees are non-refundable
4. A complete application packet must be submitted prior to the deadline in order to be placed on the next Planning Board Agenda

Office Use Only

<input type="checkbox"/> Subdivision Fees: \$500 + \$10/lot-unit for the first 100 lots/units; \$5/lot-unit thereafter (Major Subdivision) \$150 + \$10 per lot (Minor Subdivision)	Total Fee Calculation: \$ 500 + (10 * 39) 890
Attachments Included with Application: (Please include # of copies)	
CD /other digital version: <input type="checkbox"/> Y <input type="checkbox"/> N	Plan Sets: # of large _____ # of 11x17 _____
Payment Method: Cash	Credit Card: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa
Application received by: [Signature]	Check: <input checked="" type="checkbox"/> Check # 20206
Application completeness approved by: [Signature]	Date: 12-22-16
Date scheduled for public hearing:	Date:

TRC-1-4-17