

APPLICATION FOR SUBDIVISION

THIS SECTION FOR OFFICE USE

Application No.	PP Final Plat Phase 2	Date	10-6-15
Application Fee	\$ 530	Receipt No.	000012-06-10-2015
Master Plan Hearing Date	June 4, 2014	Preliminary Plat Hearing Date	February 3, 2015

SECTION 1: APPLICANT INFORMATION

Applicant's Name:	Lori B. Morris - Staff Planner Parker and Associates, Inc.	Owner's Name:	IC3 Partners, LLC
Applicant's Address:	P.O. Box 976	Owner's Address:	P.O. Box 7122
City, State, & Zip	Jacksonville, NC 28541	City, State, & Zip	Jacksonville, NC 28541
Phone Number:	(910) 455-2414	Phone Number:	(910) 455-6956

Legal relationship of applicant to land owner: Planning Agency

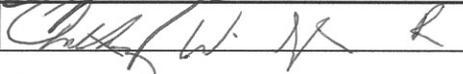
SECTION 2: PROJECT INFORMATION

Preliminary Plat Final Plat	<input checked="" type="checkbox"/> Residential <i>(RP) PD, RM, MH District</i>	<input type="checkbox"/> Mixed Use <i>PD</i>	<input type="checkbox"/> Exempt
Subdivision Type	<input checked="" type="checkbox"/> Major (11 lots or more)	<input type="checkbox"/> Minor (10 lots or less)	<input type="checkbox"/> Other
Property Identification Number (PIN):	3252-97-7356-0000	Total property acreage:	22.60 Ac
Zoning Classification:		Acreage to be disturbed:	

Additional Information:

The Reserve on Island Creek, Phase 1
28 Residential Lots, 1 Open Space

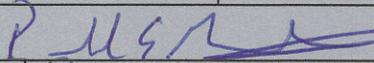
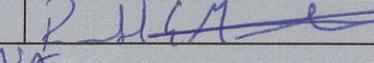
SECTION 3: SIGNATURES

Applicant's Signature		Date:	10-6-15
Owner's Signature		Date:	10-6-15

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; \$5.00/lot-unit thereafter	Total Fee Calculation: \$
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
		Other documents/Reports <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Payment Method:	Cash : <input type="checkbox"/> \$ _____	Credit Card: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa
		Check: <input checked="" type="checkbox"/> Check # <u>336</u>
Application received by:		Date: 10/6/15
Application completeness approved by:		Date: 10/21/15
Date scheduled for public hearing:	NA	

RECEIPT (TRC-000012-06-10-2015)



BILLING CONTACT

Lori Morris
Parker and Associates, Inc.

REFERENCE NUMBER	FEE NAME	TRANSACTION TYPE	PAYMENT METHOD	AMOUNT PAID
000041-2015	Subdivision - Major Final	Fee Payment	Check #336	\$530.00
			SUB TOTAL	\$530.00
			TOTAL	\$530.00