

Pender County Planning and Community Development



805 S. Walker Street
PO Box 1519
Burgaw, NC 28425

Phone: 910-259-1202
Fax: 910-259-1295
www.pendercountync.gov

By- Right Preliminary Plat Submission (Major and Minor Subdivisions)

Applications will be considered for the Technical Review Committee hearing and reviewed by Staff only when deemed complete. The application will be regarded as incomplete until the following items are received by the Planning and Community Development Staff.

1. _____ **Pre-submittal Meeting**
Date of Meeting December 16th, 2019
2. _____ **Signed Application**
3. _____ **Payment**
\$500 plus \$10 per lot for the first 100 lots/units, \$5 per lot thereafter
4. _____ **Paper Plan Sets**
Two (2) 24 x 36, Fifteen (15) 11 x 17
5. _____ **Digital Submission**
For all documents submitted in paper copy, bring a digital copy with paper submission.
6. _____ **Adjacent Property List**
A list of names and addresses, as obtained from the county tax listings and tax abstract, to the owners of all properties located within 500-feet of the of the perimeter of the project bounds.
7. _____ **Adjacent Property Envelopes**
The applicant shall provide a set of business envelopes addressed to each of the owners of all properties located within 500-feet of the perimeter of the project bounds and accompanied with the amount of postage required for first class postage.
8. _____ **Permits**
Please include any permits issued on the project including but not limited to: environmental, traffic analysis, utility, or site specific conditions.
9. _____ **Site Plan Requirements**
A prepared site plan in accordance with the Unified Development Ordinance standards Section 6.4, Pender County Collector Street Plan, Pender County Transportation Plan, other approved State of Federal Transportation Improvement Plan, or any other adopted plan in Pender County.
(See Preliminary Plat Checklist)

I certify that all information presented in this application is accurate to the best of my knowledge.

Signature of Applicant _____

Date 7/13/2020

Printed Name _____

Sammy Ellington

Staff Initials:	_____
Date:	_____

APPLICATION FOR SUBDIVISION

THIS SECTION FOR OFFICE USE

Application No.	PP	Date	
Application Fee	\$	Receipt No.	
Master Plan Hearing Date		Preliminary Plat Hearing Date	

SECTION 1: APPLICANT INFORMATION

Applicant's Name:	JT Capital	Owner's Name:	Jimmy Ellington
Applicant's Address:	156 Hampock Watch Way	Owner's Address:	14931 US Hwy 17
City, State, & Zip	Hampstead, NC 28443	City, State, & Zip	Hampstead, N.C. 28443
Phone Number:	910-520-8905	Phone Number:	910-228-4367
Email Address:	Travis ray hoker@yahoo.com	Email Address:	Jimmy@ellingtonind.com

Legal relationship of applicant to land owner: Member / Manager

SECTION 2: PROJECT INFORMATION

Preliminary Plat	<input 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 checked="" type="checkbox"/> Minor (10 lots or less)	
Property Identification Number (PIN):	3293-40-8630-0000	Total property acreage:	5 acres
Zoning Classification:		Acreage to be disturbed:	5 acres

Additional Information:

SECTION 3: SIGNATURES

Applicant's Signature	Date:	7/13/2020
Owner's Signature	Date:	7/13/2020

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: \$
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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 type="checkbox"/> Y <input type="checkbox"/> N
Payment Method:	Cash : <input type="checkbox"/> \$ _____	Credit Card:		Check:		
		<input type="checkbox"/> Master Card <input type="checkbox"/> Visa		<input type="checkbox"/> Check # _____		
Application received by:					Date:	
Application completeness approved by:					Date:	
Date scheduled for public hearing:						