

APPLICATION FOR MASTER DEVELOPMENT PLAN

THIS SECTION FOR OFFICE USE

Application No.	MDP	Date	
Application Fee	\$	Invoice Number:	
Pre-Application Conference		Hearing Date	

SECTION 1: APPLICANT INFORMATION

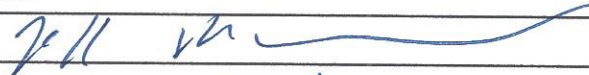
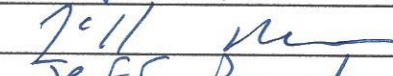
Applicant's Name:	JEFF Beaudoin	Owner's Name:	JEFF Beaudoin
Applicant's Address:	P.O. Box 538	Owner's Address:	P.O. Box 538
City, State, & Zip	Hampstead, NC 28443	City, State, & Zip	Hampstead NC 28443
Phone Number:	910-547-3781	Phone Number:	910-547-3781
Email Address:	JJBeaudoin@MSN.com	Email Address:	JJBeaudoin@MSN.com

Legal relationship of applicant to land owner:

SECTION 2: PROJECT INFORMATION

Type of Master Development Plan	<input type="checkbox"/> Residential <small>RP, PD, RM MH District</small>	<input type="checkbox"/> Commercial <small>GB, OI, IT, GI District</small>	<input type="checkbox"/> Mixed Use <small>PD</small>	
Property Identification Number (PIN):	4203-35-3108-0000 (2.57) 4203-35-3583-0000 (4.55)	Total property acreage:	7.12	
Zoning Classification:	PD	Acreage to be disturbed:	4.32	
Water Provider	Pender utilities	Wastewater Provider:	Pluris and/or 1500 gal/b. on site septic	
Project Address :	1497 Country Club Road Hampstead NC 28443			
Description of Project Location:	PD zone, Existing Lifestyle Center Buildings.			
Describe activities to be undertaken on project site:	Residential and Lifestyle Building/Center			

SECTION 3: SIGNATURES

Applicant's Signature		Date:	12/30/20
Applicant's Printed Name	JEFF Beaudoin	Date:	12/30/20
Owner's Signature		Date:	12/30/20
Owner's Printed Name	JEFF Beaudoin	Date:	12/30/20

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"/>	MDP Fees: (<i>\$500.00 plus \$10/acre for the first 100 acres \$5/acre thereafter</i>)	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
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Payment Method:	Cash : <input type="checkbox"/> \$ _____	Credit Card: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa	Check: <input type="checkbox"/> Check # _____
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Application received by:		Date:
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Application completeness approved by:		Date:
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Date scheduled for public hearing:
