

# TOWN OF WILSON'S MILLS EXEMPT SUBDIVISION/RECOMBINATION PLAT APPLICATION

Planning Department PO Box 448, Wilson's Mills, NC 27593 Phone: (919) 938-3885 / Fax: (919) 938-1121

## FILING INSTRUCTIONS:

\_\_\_\_\_ An applicant must complete this application in full. This application will not be processed unless all information requested is provided, in the fee.

\_\_\_\_ Remittance of associated fee(s)\* to accompany this application. (\*See Town of Wilson's Mills fee schedule)

\_\_\_\_\_ A plat meeting the exempt category as defined by NCGS 160A-376 shall be exempt from the subdivision regulations of the Town of Wilson's Mills; however, other development standards apply. The following shall not be included within the definition of subdivision:

- 1. The combination or recombination of portions of previously subdivided and recorded lots where the total number of lots is not increased and the resultant lots are equal to or exceed the standards of the municipality as shown in the subdivision regulations.
- 2. The division of land into parcels greater than 10 acres where no street right-of-way dedication is involved.
- 3. The public acquisition by purchase of strips of land for the widening or opening of streets or for public transportation system corridors.
- 4. The division of a tract in single ownership whose entire area is no greater than two acres into not more than three lots, where no street right-of-way dedication is involved and where the resultant lots are equal to or exceed the standards of the municipality, as shown in its subdivision regulations.

\_\_\_\_\_ The application must be signed by the owner and the authorized agent of the subject property if someone is acting as an authorized agent.

The plat shall be prepared by a North Carolina Registered Surveyor.

## APPLICANT/AGENT INFORMATION:

Applicant Name:	
Address:	
	State: Zip:
Phone:	Email:
Authorized Agent Name:	
Address:	
	State: Zip:
Phone:	Email:
	1

SUBDIVISION I	NFORMATION:				
Address/Location: _					
Subdivision Name:		No. of Lo	ts: Total a	area of Project:	
Land Use Type:	Residential	Office	Multi-family		
	Commercial	Industrial	Educational		
Current Zoning:	Johnston Co. Tax ID #:				
Total Jurisdiction:	Insi	Inside Town Limits Extra-Territorial Jurisdiction (ETJ)			
Is there a floodway a	nd/or Special Flood H	Hazard Area on the site? _	Yes	No	
AUTHORIZED S	IGNATURES:				
2	5	t property and that all info nderstand that incomplete,	<b>A</b>	is application is accurate to applications will not be	
Owner Printed Name	2	Owner Signature		Date	
Authorized Agent Pri	inted Name	Authorized Agent	Signature	Date	
<b>CERTIFICATION</b>	NS AND REVIEW	VS:			
	CERTIFI	CATION OF SUBDIVIS	ION EXEMPTION		
I hereby certify that t Statute 160A-376.	he plat shown hereor	n is exempt from subdivisi	on regulations pursuant	t to North Carolina Genera	
	Town of Wilson's Mills Staff		Date		
	CERTI	FICATE OF SURVEY A	ND ACCURACY		
survey made under a Registry; that the bo Page, Joh	my supervision) (Dec undaries not surveye unston County Regist	ed description recorded in ed are shown as broken line try; that this plat was prep	Book, Page, s plotted from information ared in accordance with	supervision from (an actua , Johnston Count ion found in Book n NCSG 47-30 as amended of	
Registration Number		Surveyor	(Seal or Stamp)		

Surveyor (Seal or Stamp)

#### **CERTIFICATE OF OWNERSHIP AND DEDICATION**

I (We) hereby certify that I am the owner of the property shown and described hereon and I (We) hereby adopt this plat with my (our) free consent and establish minimum building setback lines as noted. Further, I (we) certify the land as shown hereon is within the platting jurisdiction of Wilson's Mills, North Carolina.

Signature of Owner

Date

### **REVIEW OFFICER CERTIFICATE - STATE OF NORTH CAROLINA, COUNTY OF JOHNSTON**

I, \_\_\_\_\_\_, Review Officer of Johnston County, certify that this plat to which this certificate is affixed meets statutory requirements for recording.

Review Officer Signature

Date

FOR TOWN USE ONLY			
Date Received:	Approved: Denied:		
Application #:	Reason for Denial:		
Fee Paid / Date:			
Date	Planning Department Signature		