



TOWN OF CLAYTON

Planning Department

111 E. Second Street, Clayton, NC 27520

P.O. Box 879, Clayton, NC 27528

Phone: 919-553-5002

Fax: 919-553-1720

**SUBDIVISION APPLICATION:
RECOMBINATION PLAT or EXEMPT PLAT**

Pursuant to Article 7, Section 155.706 of the Unified Development Code, an owner of land within the jurisdiction of the Town (or a duly authorized agent) may petition the Town of Clayton to approve a subdivision of land. Please complete all fields in this application and submit to the Planning Department with all required materials.

Application fee: \$100.00 *All fees are due when the application is submitted.*

See §155.706(B) of the Unified Development Code for information on Exempt Plats.

See §155.706(O) for information on Recombination Plats.

SITE INFORMATION

Exempt Plat

Recombination

Name of Project: _____ Acreage of Property: _____

Preliminary Plat Approval Date and Project # (if applicable): _____

Tag #: _____ NC PIN: _____

Location: _____

Section(s)/Phases(s): _____

Number of Lots (existing): _____ (Proposed) _____ Min Lot Size: _____

Zoning District: _____ Electric Provider: _____

Brief Description of Request: _____

FOR OFFICE USE ONLY

Date Received: _____ Amount Paid: _____ File Number: _____

PROPERTY OWNER INFORMATION

Name: _____
 Mailing Address: _____
 Phone Number: _____ Fax: _____
 Email Address: _____

APPLICANT INFORMATION

Applicant: _____
 Mailing Address: _____
 Phone Number: _____ Fax: _____
 Contact Person: _____
 Email Address: _____

REQUIRED INFORMATION *(to be submitted with the application)*

The following items must accompany a Recombination or Exempt Plat application.

To be completed by the applicant:				To be completed by staff:		
<i>Submit 2 copies of all materials</i>	Yes	N/A	Yes	No	N/A	
1. Completed Application						
2. Review Fee - \$100.00						
3. Owner's Consent Form <i>Required if applicant is not property owner; included in this packet</i>						
4. Recombination/Exempt Plat Requirements Checklist form, completed and signed <i>Checklist is included in this packet</i>						
5. Plat sheet(s) meeting requirements of the Requirements Checklist						
6. Copy of plan sets in .PDF on USB flash drive						

APPLICANT AFFIDAVIT

I/We, the undersigned, do hereby make application and petition to the Town of Clayton to approve the subject Recombination Plat or Exempt Plat. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning Department of the Town of Clayton, North Carolina, and will not be returned.

 Print Name

 Signature of Applicant

 Date



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OWNER'S CONSENT FORM

Consent is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. Consent is valid for one year from date of notary, unless otherwise specified. All fields must be completed.

Project Name: _____ Address or PIN #: _____

AGENT/APPLICANT INFORMATION:

(Name - type, print clearly)

(Address)

(City, State, Zip)

I hereby give CONSENT to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes (list applicable requests below):

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

OWNER AUTHORIZATION:

(Name - type, print clearly)

(Address)

(Owner's Signature)

(City, State, Zip)

STATE OF _____
COUNTY OF _____

Sworn and subscribed before me _____, a Notary Public for the above State and County, this the _____ day of _____, 20_____.

SEAL

Notary Public

My Commission Expires: _____

SURVEYOR CERTIFICATION

I _____ CERTIFY TO ONE OF THE FOLLOWING:

- 1) THAT THE SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND;
- 2) THAT THE SURVEY IS LOCATED IN A PORTION OF A COUNTY OR MUNICIPALITY THAT IS UNREGULATED AS TO AN ORDINANCE THAT REGULATES PARCELS OF LAND;
- 3) IS ONE OF THE FOLLOWING:
 - THAT THE SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET;
 - THAT THE SURVEY IS OF AN EXISTING BUILDING OR OTHER STRUCTURE, OR NATURAL FEATURE, SUCH AS A WATERCOURSE; OR
 - THAT THE SURVEY IS A CONTROL SURVEY.
- 4) THAT THE SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION;
- 5) THAT THE INFORMATION AVAILABLE TO THE SURVEYOR IS SUCH THAT THE SURVEYOR IS UNABLE TO MAKE A DETERMINATION TO THE BEST OF THE SURVEYOR'S PROFESSIONAL ABILITY AS TO PROVISIONS CONTAINED IN (1) THROUGH (4) ABOVE.

CERTIFICATE OF FLOODWAY INFORMATION

PROPERTY SHOWN HEREON _____ IS _____ IS NOT LOCATED IN A FEMA DESIGNATED FLOOD ZONE.

FLOOD HAZARD PANEL NO. _____

EFFECTIVE DATE: _____

DATE SURVEYOR

REVIEW OFFICER'S CERTIFICATE

STATE OF NORTH CAROLINA
COUNTY OF JOHNSTON

I, _____, REVIEW OFFICER OF JOHNSTON COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

DATE REVIEW OFFICER

JOHNSTON COUNTY REGISTER OF DEEDS

STATE OF NORTH CAROLINA, JOHNSTON COUNTY

THIS INSTRUMENT WAS PRESENTED FOR REGISTRATION AND RECORDING THIS _____
DAY OF _____ 20__ AT _____.

_____ BY _____
REG. OF DEEDS ASST. REG. OF DEEDS

CERTIFICATION FOR WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS

CERTIFICATE OF PRELIMINARY APPROVAL OF WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS INSTALLED FOR INSTALLATION IN _____ SUBDIVISION MEET PUBLIC HEALTH REQUIREMENTS AS DESCRIBED IN APPENDIX II JOHNSTON COUNTY SUBDIVISION REGULATIONS. FINAL APPROVAL FOR INDIVIDUAL LOTS WITHIN THIS SUBDIVISION WILL BE BASED ON DETAILED LOT EVALUATION UPON APPLICATION AND SUBMISSION OF PLAN FOR PROPOSED USE. THIS PRELIMINARY CERTIFICATION IS ADVISORY ONLY AND CONFERS NO GUARANTEE.

_____ _____
DATE HEALTH REPRESENTATIVE

NOTE: EACH LOT SHOWN HEREON MAY REQUIRE THE USE OF SEWAGE PUMPS, LOW PRESSURE PIPE SYSTEMS, FILL SYSTEMS, INNOVATIVE SYSTEMS OR ANY OTHER ALTERNATIVE SYSTEM TYPE AND SITE MODIFICATIONS SPECIFIED IN THE NORTH CAROLINA LAWS AND RULES FOR SEWAGE TREATMENT AND DISPOSAL SYSTEMS, 15A NCAC 18A SECTION 1900. THE ACTUAL SYSTEM TYPE, DESIGN AND SITE MODIFICATIONS WILL BE DETERMINED AT THE TIME OF PERMITTING.

CERTIFICATES FOR AN EXEMPT PLAT, CONTINUED

PAGE 2 of 2

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REVIEW OFFICER'S CERTIFICATE

STATE OF NORTH CAROLINA
COUNTY OF JOHNSTON

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DATE

REVIEW OFFICER

JOHNSTON COUNTY REGISTER OF DEEDS

STATE OF NORTH CAROLINA, JOHNSTON COUNTY

THIS INSTRUMENT WAS PRESENTED FOR REGISTRATION AND RECORDING THIS _____ DAY OF _____ 20__ AT _____.

REG. OF DEEDS

BY _____
ASST. REG. OF DEEDS