

**CUMBERLAND COUNTY JOINT PLANNING BOARD  
SUBDIVISION, GROUP DEVELOPMENT AND SITE PLAN SUBMISSION FORM**

TYPE REVIEW	DATE	BILL AMT	RECEIPT
PRELIMINARY			
FINAL			
EXTENSION/ADDITION			
REVISION			
PARKS & OPEN SPACE FEE			
COPIES			

Case Number: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 Planning/Town Board \_\_\_\_\_  
 Meeting Date: \_\_\_\_\_

**NOTE: See Fee Schedule \$**

**12 Working Days Required for all reviews**

**Submit 5 Copies of a Site Plan Required for ALL Developments**

Name of Development: \_\_\_\_\_

Location: \_\_\_\_\_

Parcel Identification Number(s): \_\_\_\_\_

Number of Lots/ Use of Property  
 Units to be Approved: \_\_\_\_\_ (Be Specific): \_\_\_\_\_

Submission Type: (Subdivision/Group Development/Commercial): \_\_\_\_\_

Type of Water Facility (existing or proposed): Well \_\_\_\_\_ PWC \_\_\_\_\_ Comm.(Specify) \_\_\_\_\_

Type of Sewer Facility (existing or proposed): Septic \_\_\_\_\_ PWC \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Owner/Developer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

FAX Number: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Engineer/Surveyor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

FAX Number: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Call when ready Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wish the County to install street signs at a fee if required? YES \_\_\_\_\_ NO \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDRESSING/STREET NAME SECTION MUST SIGN EVERY SUBMITTAL FORM PRIOR TO SUBMISSION FOR STREET NAME VERIFICATION.** Street Name/Address Signature Approval: \_\_\_\_\_

**"FOR ANY QUESTIONS, CALL: ED BYRNE 678-7609 or JEFF BARNHILL 678-7765 "**

**OFFICIAL USE ONLY**

Industrial Park \_\_\_\_\_ Yes \_\_\_\_\_ No

Watershed \_\_\_\_\_ Yes \_\_\_\_\_ No

Sewer Service Area \_\_\_\_\_ Yes \_\_\_\_\_ No

Averasboro Battlefield \_\_\_\_\_ Yes \_\_\_\_\_ No

Eastover Sanitary District \_\_\_\_\_ Yes \_\_\_\_\_ No

NORCRESS \_\_\_\_\_ Yes \_\_\_\_\_ No

Military 5/mi \_\_\_\_\_ Yes \_\_\_\_\_ No

Airport Area \_\_\_\_\_ Yes \_\_\_\_\_ No

Utilities Other: \_\_\_\_\_ Yes \_\_\_\_\_ No

Town Limits: \_\_\_\_\_

Municipal Influence Area: \_\_\_\_\_

Zoning: \_\_\_\_\_ Initial Zoning Area: \_\_\_\_\_

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: THE APPLICANT IS RESPONSIBLE FOR ENSURING EASEMENTS WHICH MAY EXIST ON THE SUBJECT PROPERTY ARE "ACCOUNTED FOR AND SHOWN ON THE PLAN, NOT ENCUMBERED AND THAT NO PART OF THIS DEVELOPMENT IS VIOLATING THE" RIGHTS OF THE EASEMENT HOLDER.**

## AFFIDAVIT OF OWNERSHIP

(This applies only for the Towns – Eastover, Hope Mills, Stedman, Wade, Spring Lake)

To the best of my knowledge, the following are the current tax record owners and/or the current owners of the subject property located at \_\_\_\_\_:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

State of North Carolina  
County of Cumberland

Acknowledge before me by \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.  
(OWNER/DEVELOPER)

\_\_\_\_\_  
Notary Public

( S E A L )

My commission expires: \_\_\_\_\_

### Fee Schedule

(Cumberland County, Eastover, Spring Lake, Stedman and Wade)

#### **SUBDIVISION FEES:**

#### **<OR = 5 LOTS**

#### **>5 LOTS**

PRELIMINARY SUBDIVISIONS

\$100

\$200

SUBDIVISION REVISION AND EXTENSIONS

\$ 25

\$ 50

#### **GROUP DEVELOPMENTS FEE:**

#### **<OR = 5 LOTS**

#### **>5 LOTS**

PRELIMINARY GROUP DEVELOPMENT

\$25

\$50

GROUP DEVELOPMENT REVISION AND EXTENSION

\$25

\$50

#### **SITE PLANS AND FINAL PLAT FEES:**

COMMERCIAL AND INDUSTRIAL SITE PLANS

\$50

SITE PLAN REVISIONS AND EXTENSIONS

\$25

FINAL PLATS

\$25