

CUMBERLAND COUNTY JOINT PLANNING BOARD SUBDIVISION 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 16 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.: _____

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: _____

"IF WAIVER IS REQUESTED, ATTACH REQUEST FOR WAIVER FORM."

"FOR ANY QUESTIONS, CALL: ED BYRNE 678-7609, JEFF BARNHILL 678-7765 or PATRICIA SPEICHER 678-7605 "

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: _____ 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