CUMBERLAND COUNTY JOINT PLANNING BOARD SUBDIVISION AND SITE PLAN SUBMISSION FORM

TYPE REVIEW	DATE	BILL AMT	RECEIPT	Case Number:
PRELIMINARY				Date Received:
FINAL				Received By:
EXTENSION/ADDITION				Planning/Town Board
REVISION				Meeting Date:
PARKS & OPEN SPACE FEE				
COPIES				NOTE: See Fee Schedule \$
12 Working Days Requi	red for all re	views	15 Plan Cop	ies Required for ALL Developments
Name of Development		<u> </u>		
Location:				
Parcel Identification Nu	ımber(s):			
Number of Lots/ Use of Property				
Units to be Approved: (Be Specific):				
				al):
Cubimedian Type. (Sun				
Type of Water Facility	(existing or	proposed):	Well _	PWC Comm.(Specify)
Type of Sewer Facility	(existing or	proposed):	Septic _	PWC Other (Specify)
Owner/Developer:				Engineer/Surveyor:
Mailing Address:				Mailing Address:
<u> </u>				
Telephone Number(s):				Telephone Number(s):
FAX Number:				FAX Number:
170C Number.			-	Troction.
Contact Person: Telephone No.:				
Do you wish to have the County install street name signs at a fee if required? YES NO Signature: Date:				
ADDRESSING/STREE	T NAME SE			Y SUBMITTAL FORM PRIOR TO SUBMISSION FOR STREET
NAME VERIFICATIO	N. Street	Name/Addre	ss Signature	Approval:
IF VARIANCE(S) IS R REQUESTED IS FOR	EQUESTED ACCESS, A), ATTACH \ A COPY OF	WRITTEN RI	EQUEST GIVING JUSTIFICATION. IF THE VARIANCE RDED EASEMENT MUST BE ATTACHED.
FOR ANY OUESTION	S CALL: F	D BYRNE 67	8-7609 PATE	RICIA SPEICHER 678-7605 OR ANNETTE NUNNERY 678-7626
TORANT QUEUTION	O, O/ILL. L	D D T KILL OF	OFFICIAL	
Industrial Park	Yes	No	OI I IOIAL	Ft Bragg 1/miYes No
Watershed	Yes	No	Verified by	: Airport Area PIYes No
Urban Services	Yes	No		
Averrasboro Battlefield	Yes	No		Municipal Influence Area:
NAPZ:	Yes	No		Zoning:Zoning Area:
Acreage:	Owner:			Creation date: Deed/plat: