

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**

**15 Plan Copies 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: \_\_\_\_\_

Engineer/Surveyor: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number(s): \_\_\_\_\_  
 FAX Number: \_\_\_\_\_

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

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, MARYANN STEINMETZ 678-7626 or PATRICIA SPEICHER 678-7605

**OFFICIAL USE ONLY**

Industrial Park	____ Yes ____ No	Ft Bragg 1/mi	____ Yes ____ No	Verified by: _____
Watershed	____ Yes ____ No	Airport Area	____ Yes ____ No	Date: _____
Urban Services	____ Yes ____ No	Linden Water	____ Yes ____ No	
Averasboro Battlefield	____ Yes ____ No			Municipal Influence Area: _____
Eastover Sanitary District	____ Yes ____ No			Zoning: _____ Zoning Area: _____
NORCRESS	____ Yes ____ No			

**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**

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

State of North Carolina  
County of Cumberland

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

( S E A L )

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

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

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### **SUBDIVISION FEES:**

	<u><b>&lt; OR = 5 LOTS</b></u>	<u><b>&gt; 5 LOTS</b></u>
PRELIMINARY SUBDIVISIONS	\$100	\$200
SUBDIVISION REVISION AND EXTENSIONS	\$ 25	\$ 50

### **GROUP DEVELOPMENT FEES:**

	<u><b>&lt; OR = 5 LOTS</b></u>	<u><b>&gt; 5 LOTS</b></u>
PRELIMINARY GROUP DEVELOPMENTS	\$25	\$50
GROUP DEVELOPMENT REVISIONS AND EXTENSIONS	\$25	\$50

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

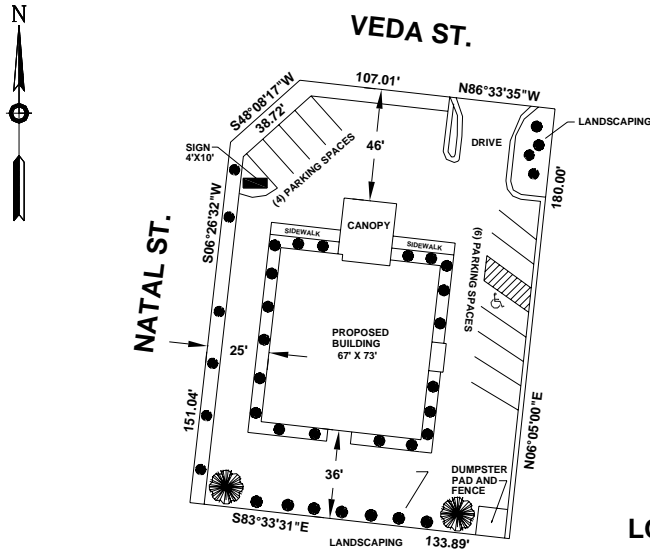
COMMERCIAL AND INDUSTRIAL SITE PLANS	\$50
SITE PLAN REVISIONS AND EXTENSIONS	\$25
FINAL PLATS	\$25

## REQUIREMENTS FOR SITE PLAN REVIEW

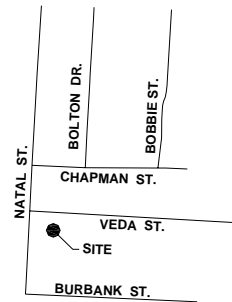
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1. Drawing done to engineering scale
2. Drawing will reflect:
  - metes and bounds of entire site with adjoining street right-of-way shown and name or state road number of that street or road;
  - foot print of all existing and/or proposed buildings or additions with dimensions and square footage indicated;
  - location and size of all existing and/or proposed curbcuts and indicate such on the plan;
  - parking plan to include the location of all proposed spaces (standard size is 9' by 20'), parking isle width and traffic circulation scheme;
  - existing or proposed location and drain field area of wells and/or septic tanks;
  - existing or proposed fencing;
  - setbacks of all existing and/or proposed buildings or additions from all other building and from all property lines- *Note:* If setbacks shown are not in accordance with the minimum setbacks of the zoning district of the property, then attach a letter requesting any such variance with a reasonable explanation or justification as to why the variance is necessary in order to develop the site.
  - Any easements which may exist on the subject property are accounted for and shown on the plan, not encumbered and that no part of the development is violating the rights of the easement holder.
3. Vicinity map to show location of property or site within the City or County
4. Correct north arrow
5. Data block to reflect the following:
  - name of development
  - owner
  - zoning of property
  - acreage of site
  - scale of drawing
  - proposed building or addition square footage
  - number of off-street parking spaces (to include handicapped spaces)
6. If split zoning, zoning lines must be shown on the preliminary

# SAMPLE MAP SITE PLAN REVIEW



## LOCATION MAP



PROPERTY OF: \_\_\_\_\_

ZONED: \_\_\_\_\_ SCALE: 1" = 50'

PIN#: \_\_\_\_\_

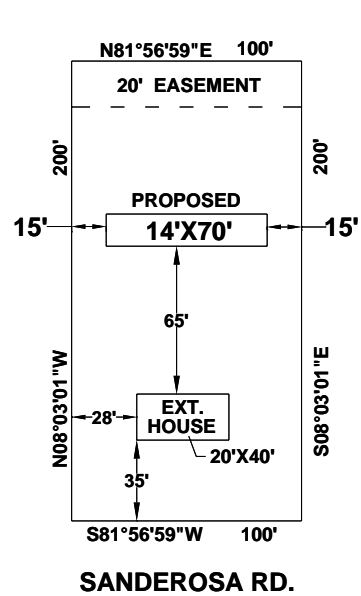
\_\_\_\_\_ COUNTY, NC

## REQUIREMENTS FOR GROUP DEVELOPMENT REVIEW

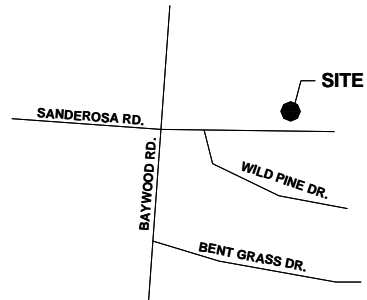
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LOCATION MAP



PROPERTY OF: \_\_\_\_\_  
 ZONED: \_\_\_\_\_ SCALE: 1"=50'  
 PIN#: \_\_\_\_\_  
 \_\_\_\_\_ COUNTY, NC