



TOWN OF CLAYTON
PLANNING DEPARTMENT
111 E Second Street
Clayton, NC 27520
919-553-5002

LIMITED/FINAL SUBDIVISION PLAT COVERSHEET

Name of Project: _____ Date: _____

Applicant Name: _____

The following checklist to be completed by applicant. All materials must be submitted in PDF format.

- Review Fee
- Completed Application
- Owner's Consent Form
- Approval of Street Names from Johnston County
- Approval letter of associated Preliminary Plat (for Final Plats only)
- Plat, prepared by registered land surveyor or professional engineer licensed in North Carolina

VISION | A welcoming & engaged community that cherishes its charming local character & promotes economic vitality, environmental stewardship, safety, & opportunities for all.

MISSION | Dedicated & responsive public servants who provide essential services that bring people together & promote quality of life in the Clayton community.

VALUES | RESPONSIBILITY • COMMUNITY • COMMITMENT • RESPECT



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 PLANNING DEPARTMENT
 111 E Second Street
 Clayton, NC 27520
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**Limited/Final Subdivision Plat
 Application**

www.ClaytonNC.org/Fees

Applicable Fees: Limited Subdivision Fee **OR** Final Subdivision Plat Fee

APPLICATION TYPE (choose one)

Limited Subdivision Plat

Final Subdivision Plat

Associated Major Subdivision (Project #): _____

PROJECT & SITE INFORMATION

Name of Project: _____

Acres of Property: _____ Current Zoning District: _____

County Tag #: _____ NC Pin #: _____

Address/Location: _____

Existing Lots: _____ Lots Proposed: _____

Is this plat associated with a Phase of a Conditional Rezoning Concept Plan or Planned Development Master Plan? Yes No

If you answered "Yes" to the question above, please indicate the associated project number(s): _____

If a Limited Subdivision Plat, have any lots included within this application been the subject of another Limited Subdivision application for a period of ten years from the date of this application? Yes No N/A

Are you submitting the application under the ordinances and policies in effect at the time of the application for review by the Town of Clayton? Yes No

If you answered "No" to the question above, please specify the ordinance(s) and/or policy(ies), including version(s), under which the application is being submitted:

Note: Supporting documentation must be submitted with the application.

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APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Contact Person: _____

Email Address: _____

PROPERTY OWNER INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

EXPLANATION OF PROJECT

Please provide detailed information concerning all requests. Attach additional sheets if necessary.

PLAT SUBMITTAL CHECKLIST

The applicant is required to provide, at minimum, the information outlined in the checklist below and complete their section of the checklist. Staff will review in accordance with this checklist and any missing items will be indicated in the first review.

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Plat Submittal Checklist

For each listed item, check (√) if provided, write “n/a” if the feature does not exist or is not proposed, and write “w” if a waiver from the requirement is justified because it is unnecessary in the particular case to determine compliance with applicable regulations.

√, n/a, or w	Application Submittal Requirement		Staff Use Only
	A	All Plats	
	1	Property designation and purpose in title block	
	2	Township, county and state in title block	
	3	Date or dates the survey was made	
	4	Scale or scale ratio in words or figures and bar graph	
	5	Name, address, and phone of surveyor or firm preparing the plat on each sheet	
	6	Vicinity Map	
	7	Method of computation (for acreage and ratio of precision)	
	8	Accurately positioned north arrow coordinated with any bearings shown on plat. Indication shall be made as to whether the north index is true, magnetic, NC grid (NAD 83 or NAD 27) or referenced to old deed or plat bearings. If north index is magnetic or referenced to old deed or plat bearings, the date and the source shall be clearly indicated	
	9	The azimuth or course and distance of every property line, street, easement, and tree protection area in feet and decimals	
	10	All distances are horizontal or grid measurements, with a note clearly identifying which measurement used	
	11	If boundary formed by curve, provide curve data table; provide line data table as applicable	
	12	Control corner(s) (when required)	
	13	Location of any monuments within 2000 feet or note if none are located within said distance	
	14	Names of adjacent property owners, subdivision, PIN, and other legal reference where applicable	
	15	All roads with name, right-of-way or easement width, and State Road # if applicable	
	16	All streams and bodies of water with buffer width and designation, including wetlands	
	17	Existing easements: Label with type, width, ownership, public or private, and legal reference	
	18	New easements: Label with type, width, acreage, ownership, and public or private	
	19	Acreage of right-of-way dedicated with label adjacent to the road name. All right-of-way must be labeled public or private.	
	20	Lot numbers (the numbering shall be consecutive for new lots)	
	21	Address(es) (Note: New addresses will be assigned by Town Staff as part of the 1 st review)	
	22	Existing structures (*may be required by the Town to confirm compliance with setbacks and other regulations)	
	23	An “*” on each lot located within a FEMA designated floodplain and the following note, “For lots with an *, a signed and sealed Federal Emergency Management Agency National Flood Insurance Program Elevation Certificate demonstrating the base flood elevation meets Town code shall be submitted with the building permit application.”	
	24	Zoning boundaries	
	25	Jurisdictional boundaries	
	26	Site Data Table: (Include the following table. If an item is not applicable, it is not required in table.) Property owner: Parcel Identification Number (PIN): Total right-of-way dedication: _____(ac and SF) Total tree preservation area: _____(ac and SF) Total area recorded: _____(ac and SF) Project Case # and list of associated conditions (when applicable):	
	27	Dimensional Standards Table: (Include the following table) Zoning District (including Overlay Existing Lot Coverage: _____% (for Districts): Min. Lot Size: _____(ac new or recombined lots with structures) and SF) Min. Front Setback: _____ft. Min. Side Setback: _____ft. Min. Corner Side Setback: _____ft. Min. Rear Setback: _____ft. Min. Building Separation: _____ft. Max. Lot Coverage: _____%	

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28	Project # and File # (will be assigned by Town Staff as part of the 1 st review) in lower right hand corner of each sheet	
29	Deed Book and Page for any variance, special use permit or Operations and Maintenance Agreement in the general notes.	
B	Subdivision Final Plats Only	
1	Recreation and all applicable development fees paid. *Development Services Department will provide fee invoice.	
2	Lots that conform with minimum requirements. Note the Width and Area (ac and SF) of each lot.	
3	In the Site Data Table include the items required as well as a line for the number of lots.	
4	Minimum building setback envelope	
5	Location, type, and width of perimeter and streetyard buffer(s) or reference previously recorded plat that includes the information	

Plat Submittal Checklist		
For each listed item, check (√) if provided, write “n/a” if the feature does not exist or is not proposed, and write “w” if a waiver from the requirement is justified because it is unnecessary in the particular case to determine compliance with applicable regulations.		Staff Use Only
√, n/a, or w	Application Submittal Requirement	√, n/a, or w
	6 Open space labeled as public or private	
	7 Dimensions Standards Table required on each sheet	
	C Exempt Final Plats (including recombination plats) Only	
	1 Lots that conform with minimum requirements. Note the following for all new lots: Width and Area (ac and SF)	
	2 In the Site Data Table include the items required as well as a line for the number of existing lots and number of proposed lots.	
	D Certificates	
	1 Provide all plat certificates outlined in the UDO Procedures Manual.	

APPLICANT AFFIDAVIT

I understand that by signing this application I am legally bound to the representation, terms, and conditions herein. By signing below, I certify that I was technically able to read and had a reasonable opportunity to read this disclosure. I further acknowledge that I am authorized to submit this application, and any subsequent revisions thereto, and confirm having obtained permission from the property owner/occupant for the application and the Town’s entry onto the property, if applicable. I further authorize Town of Clayton representatives to enter the site for purpose of conducting inspections or evaluations to determine compliance with applicable laws, policies, and manuals. I hereby certify that all of the information provided in this application and any attached documents is true, accurate, and complete to the best of my knowledge. I understand that any false information may result in rejection of the application or revocation of the permit or plan. I understand this submittal with its related materials and all attachments become official records of the Town of Clayton, North Carolina, and will not be returned. I understand this application and any communication, approval, or resulting permits issued as a result of this application are subject to disclosure pursuant to the North Carolina Public Records Act. I also acknowledge that, pursuant to NCGS § 143-755(b1), failure to respond to Town comments or holding the permit application on hold for six consecutive months or more will result in the cessation of review and forfeiture of all application fees, requiring a new application under current regulations. I shall not hold the Town of Clayton, its officers, employees and agents liable for any claims, losses, liabilities, expenses, charges or damages arising from or relating to incomplete, inaccurate, or false applications, or any additional supplemental applications, with respect of any cause arising out of, resulting from, or in connection with the application or permit.

Print Name

Signature of Applicant

Date

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