



**TOWN OF CLAYTON**  
Planning Department  
111 E. Second St., P.O. Box 879  
Clayton, NC 27528  
Phone: 919-553-5002  
Fax: 919-553-1720

## RECOMBINATION/EXEMPT PLAT COVER SHEET

**Name of Project:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

*The following checklist to be completed by applicant:*

- Application Review fee
- Completed Application
- Owner's Consent Form
- Signed and sealed Boundary Survey

**Reviewed by:** \_\_\_\_\_



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**RECOMBINATION/EXEMPT PLAT APPLICATION**

Application Fee: \$100

- Exempt Plat
- Recombination

**SITE INFORMATION**

Name of Project: \_\_\_\_\_

Preliminary Plat Approval Date and Project # (if applicable): \_\_\_\_\_

Acreage of Property: \_\_\_\_\_ Zoning District: \_\_\_\_\_

County Tag #: \_\_\_\_\_ NC Pin #: \_\_\_\_\_

Address/Location: \_\_\_\_\_ Electric Provider: \_\_\_\_\_

Section(s)/Phase(s): \_\_\_\_\_

Number of Lots (existing): \_\_\_\_\_ (proposed) \_\_\_\_\_ Min Lot Size: \_\_\_\_\_

Brief Description of Request: \_\_\_\_\_

\_\_\_\_\_

**APPLICANT INFORMATION**

Applicant: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Permit Number: \_\_\_\_\_

## PROPERTY OWNER INFORMATION

**Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## RECOMBINATION PLAT/EXEMPT PLAT REQUIREMENTS CHECKLIST

*The applicant is responsible for completing this checklist. Please submit with the completed application.*

<b>To be completed by the applicant:</b>			<b>Staff:</b>
	Yes	N/A	N/A
1. Plans are 18 inches by 24 inches with a scale no smaller than 1 inch = 100 feet.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Name of subdivision and/or applicant (including phase numbers if applicable) and plan type.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Name of township, county, and state in which the property is located.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Vicinity sketch.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Provide the following project data in <u>Tabular</u> form: <ul style="list-style-type: none"> <li>- Area of tract in square feet and acres</li> <li>- Owner's name and address</li> <li>- Within Town limits or ETJ</li> <li>- Tag # and/or NC PIN</li> <li>- Zoning of property (and any special conditions if applicable)</li> <li>- Number of lots per acre (density)</li> <li>- Acreage in Resource Conservation Areas (UDC §155.500)</li> <li>- Indicate if the site is within a Watershed Protection Overlay</li> <li>- Annexation # (if applicable)</li> <li>- FEMA designated flood plain and floodway (include FIRM panel reference number and effective date) or certification that no flood plain exists within the subdivision.</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6. Surveyor or professional engineer's name, seal, and registration number.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Date of survey, plat preparation and any revision dates.	<input type="checkbox"/>	<input type="checkbox"/>	
8. All required certificates. <i>Certificates for both Recombination and Exempt Plats are included in this application packet.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
9. An accurately positioned north arrow indicating true north, magnetic north, North Carolina grid ("NAD 83" or "NAD 27"), or is referenced to old deed or plat bearings. If the north index is magnetic or referenced to an old deed or plat bearings, the date and the source (if known) the index was originally determined is clearly indicated.	<input type="checkbox"/>	<input type="checkbox"/>	

<b>To be completed by the applicant:</b>			Staff:
	Yes	N/A	N/A
10. The exact course and distance of every boundary line of the tract to be subdivided, fully dimensioned (metes and bounds) along with the location of intersecting boundary lines of adjoining lands in accordance with the North Carolina General Statutes § 47-30 - Plats and subdivisions; mapping requirements.	<input type="checkbox"/>	<input type="checkbox"/>	
11. All lot boundaries changed or eliminated by requested combination are indicated by dashed lines.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Accurate location and description of all monuments, markers and control points.	<input type="checkbox"/>	<input type="checkbox"/>	
13. The names of adjacent landowners, or lot, block, parcel, subdivision designations or other legal reference where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	
14. Location and width of all existing and proposed rights-of-way, easements and areas dedicated to public use with the purpose of each stated where crossing or forming any boundary line of the property shown. Sight triangles noted where required. For new easements include the bearings and distances. For all existing easements provide the plat book page number and deed book page number.	<input type="checkbox"/>	<input type="checkbox"/>	
15. Location of all existing buildings and structures.	<input type="checkbox"/>	<input type="checkbox"/>	
16. Location of all existing and proposed utilities (water, sewer, electric, natural gas, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	
17. Location of all existing and proposed drainage structures.	<input type="checkbox"/>	<input type="checkbox"/>	
18. Location of all proposed easements, labeled as "public" or "private"	<input type="checkbox"/>	<input type="checkbox"/>	
19. Width and type of any buffers.	<input type="checkbox"/>	<input type="checkbox"/>	
20. Verification of minimum Finished Floor Elevation (FFE). The minimum FFE must be at least two feet above the Base Flood Elevation (BFE) on properties affected by FEMA 100 year flood plain.	<input type="checkbox"/>	<input type="checkbox"/>	
21. Resource Conservation Areas must be shown and dimensioned on the plat. The following note must also be provided: "The Resource Conservation Area shown hereon is being provided per the requirements of Article 5 of the Town of Clayton's Unified Development Code. This Resource Conservation Area must be preserved in perpetuity."	<input type="checkbox"/>	<input type="checkbox"/>	
22. Any other information considered by either the applicant or the Town to be pertinent to the review.	<input type="checkbox"/>	<input type="checkbox"/>	

## APPLICANT AFFIDAVIT

*I/We, the undersigned, do hereby make application and petition to the Town of Clayton to approve the subject Recombination Plat or Exempt Plat request. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning Department of the Town of Clayton, North Carolina, and will not be returned.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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**OWNER'S CONSENT FORM**

*Consent is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. Consent is valid for one year from date of notary, unless otherwise specified. All fields must be completed.*

**Project Name:** \_\_\_\_\_ **Address or PIN #:** \_\_\_\_\_

**AGENT/APPLICANT INFORMATION:**

\_\_\_\_\_  
 (Name - type, print clearly)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (City, State, Zip)

I hereby give **CONSENT** to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes (*list applicable requests*):

\_\_\_\_\_  
 \_\_\_\_\_

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

**OWNER AUTHORIZATION:**

\_\_\_\_\_  
 (Name - type, print clearly)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (Owner's Signature)

\_\_\_\_\_  
 (City, State, Zip)

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

Sworn and subscribed before me \_\_\_\_\_, a Notary Public for the above State and County, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SEAL**

**Notary Public**

**My Commission Expires:** \_\_\_\_\_