



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

FINAL PLAT/MINOR SUBDIVISION 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
- Verification of wastewater allocation or wastewater allocation request
- Copy of plan sets in PDF on USB
- Driveway permits (Town of Clayton or NCDOT with associated documentation)

5 copies of the following:

- Final Plat or Minor Subdivision Sheets

Reviewed by: _____



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

FINAL PLAT/MINOR SUBDIVISION PLAT APPLICATION

Application Fee:
 Final plat - \$250 + \$5 per lot
 Minor Subdivision - \$200 + \$5 per lot

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:** _____
Recreation/Open Space Requirement: Fee in lieu Land Dedication – Acreage: _____

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: _____

FINAL PLAT/MINOR SUBDIVISION PLAT REQUIREMENTS CHECKLIST

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

To be completed by the applicant:	Staff:		
	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 (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 Tabular form: <ul style="list-style-type: none"> - Area of tract in square feet and acres - Owner's name and address - NC PIN and/or Tag # - Within Town limits or ETJ - Zoning of property (and any special conditions if applicable) - Dimensional Standards - Number of lots per acre (density) - Acreage in Resource Conservation Areas (UDC §155.500) - Indicate if the site is within a Watershed Protection Overlay - Annexation # (if applicable) - FEMA designated flood plain and floodway (include FIRM panel reference number and effective date) or certification that no flood plain exists within the subdivision. 	<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"/> <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, any revision dates and date of plat preparation.	<input type="checkbox"/>	<input type="checkbox"/>	
8. All required certificates. <i>Certificates for both Final Plats and Minor Subdivisions 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"/>	
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. Accurate location and description of all monuments, markers and control points.	<input type="checkbox"/>	<input type="checkbox"/>	

To be completed by the applicant:	Yes	N/A	Staff:
			N/A
12. All lot boundaries changed or eliminated by requested combination are indicated by dashed lines.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Blocks numbered consecutively throughout entire subdivision with lots numbered consecutively in each block. Lot numbers shall be placed in a circle or labeled "Lot ___".	<input type="checkbox"/>	<input type="checkbox"/>	
14. The names of adjacent landowners, or lot, block, parcel, subdivision designations or other legal reference where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	
15. Location and width of all existing and proposed rights-of-way, Resource Conservation Areas, 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. Bearings and distances should be included for all easements. For existing easements provide the plat book and page number and/or the deed book and page number.	<input type="checkbox"/>	<input type="checkbox"/>	
16. Location of all existing buildings and structures. <i>Required for minor subdivision applications only.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Minimum building setbacks are noted, along with other dimensional standards set in preliminary plat approval (i.e. max impervious per lot, max building coverage, building height, etc).	<input type="checkbox"/>	<input type="checkbox"/>	
18. Location of all existing and proposed utilities (water, sewer, electric, natural gas, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	
19. Location of all existing and proposed drainage structures.	<input type="checkbox"/>	<input type="checkbox"/>	
20. Location of all proposed easements, labeled as "public" or "private"	<input type="checkbox"/>	<input type="checkbox"/>	
21. Proposed streets are labeled, named and dimensioned. Street names must be approved by Town of Clayton. Correct street cross section detail provided. If streets are private: - All private streets shall be maintained by a designated responsible party. The party shall be noted on the plat. - Streets are labeled "Private Streets – No Town Maintenance."	<input type="checkbox"/>	<input type="checkbox"/>	
22. Location, purpose and dimensions of areas to be used for purposes other than residential (such as HOA-maintained areas, recreation, open space, etc.) - All open space, parks, and similar common areas shall be maintained by a designated responsible party. The party shall be noted on the plat.	<input type="checkbox"/>	<input type="checkbox"/>	
23. Width and type of any buffers.	<input type="checkbox"/>	<input type="checkbox"/>	
24. 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"/>	
25. Indicate the boundaries of any greenway dedicated to the Town of Clayton and label "Public Greenway Dedicated to the Town of Clayton." Reference recorded plat and deed of dedication to the town.	<input type="checkbox"/>	<input type="checkbox"/>	
26. 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"/>	

To be completed by the applicant:			Staff:
	Yes	N/A	N/A
27. 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 Final Plat/Minor Subdivision 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

CERTIFICATES FOR A FINAL SUBDIVISION PLAT

PAGE 1 of 4

CERTIFICATE OF OWNERSHIP AND DEDICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF THE TOWN OF CLAYTON AND THAT I HEREBY ADOPT THIS SUBDIVISION PLAN WITH MY FREE CONSENT, ESTABLISH MINIMUM SETBACK LINES, AND DEDICATE ALL STREETS, ALLEYS, PARKS AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED. FURTHERMORE, I DEDICATE ALL ELECTRICAL SYSTEMS AND ALL SEWER AND WATER LINES TO THE TOWN OF CLAYTON.

DATE

OWNER

PLANNING DIRECTOR'S CERTIFICATE

I HEREBY CERTIFY THAT THIS RECORDED PLAT HAS BEEN FOUND TO COMPLY WITH THE SUBDIVISION ORDINANCE OF THE TOWN OF CLAYTON, NORTH CAROLINA, AND THAT THIS PLAT HAS BEEN APPROVED FOR RECORDING IN THE REGISTER OF DEEDS OF JOHNSTON COUNTY.

DATE

PLANNING DIRECTOR – TOWN OF CLAYTON, NC

TOWN OF CLAYTON TOWN MANAGER CERTIFICATION FOR A FINAL PLAT

“I HEREBY CERTIFY THAT THE TOWN OF CLAYTON, NC HAS APPROVED THIS PLAT FOR RECORDING IN THE OFFICE OF THE JOHNSTON COUNTY REGISTER OF DEEDS, AND ACCEPTS THE DEDICATION OF STREETS, EASEMENTS, RIGHTS-OF-WAY, AND PUBLIC LANDS SHOWN THEREON, BUT ASSUMES NO RESPONSIBILITY TO OPEN OR MAINTAIN THE SAME UNTIL, IN THE OPINION OF THE CLAYTON TOWN COUNCIL, IT IS IN THE PUBLIC INTEREST TO DO SO.”

DATE

TOWN MANAGER

CERTIFICATE OF SURVEY AND ACCURACY

I, _____, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION FROM A (DEED DESCRIPTION RECORDED IN BOOK _____, PAGE _____, PLAT RECORDED IN BOOK _____, PAGE _____, OR OTHER); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN DEED/PLAT BOOK _____, PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:_____; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G. S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS _____ DAY OF _____, A.D., 20_____.

SURVEYOR

LICENSE NUMBER

CERTIFICATES FOR A FINAL SUBDIVISION PLAT, CONTINUED

PAGE 2 of 4

SURVEYOR CERTIFICATION

I _____ CERTIFY TO ONE OF THE FOLLOWING:

- 1) THAT THE SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND;
- 2) THAT THE SURVEY IS LOCATED IN A PORTION OF A COUNTY OR MUNICIPALITY THAT IS UNREGULATED AS TO AN ORDINANCE THAT REGULATES PARCELS OF LAND;
- 3) IS ONE OF THE FOLLOWING:
 - THAT THE SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET;
 - THAT THE SURVEY IS OF AN EXISTING BUILDING OR OTHER STRUCTURE, OR NATURAL FEATURE, SUCH AS A WATERCOURSE; OR
 - THAT THE SURVEY IS A CONTROL SURVEY.
- 4) THAT THE SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION;
- 5) THAT THE INFORMATION AVAILABLE TO THE SURVEYOR IS SUCH THAT THE SURVEYOR IS UNABLE TO MAKE A DETERMINATION TO THE BEST OF THE SURVEYOR'S PROFESSIONAL ABILITY AS TO PROVISIONS CONTAINED IN (1) THROUGH (4) ABOVE.

CERTIFICATE OF FLOODWAY INFORMATION

PROPERTY SHOWN HEREON _____ IS _____ IS NOT LOCATED IN A FEMA DESIGNATED FLOOD ZONE.

FLOOD HAZARD PANEL NO. _____

EFFECTIVE DATE: _____

DATE SURVEYOR

REVIEW OFFICER'S CERTIFICATE

STATE OF NORTH CAROLINA
COUNTY OF JOHNSTON

I, _____, REVIEW OFFICER OF JOHNSTON COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

DATE REVIEW OFFICER

CERTIFICATES FOR A FINAL SUBDIVISION PLAT, CONTINUED

PAGE 3 of 4

CERTIFICATION FOR WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS

CERTIFICATE OF PRELIMINARY APPROVAL OF WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS INSTALLED FOR INSTALLATION IN _____ SUBDIVISION MEET PUBLIC HEALTH REQUIREMENTS AS DESCRIBED IN APPENDIX II JOHNSTON COUNTY SUBDIVISION REGULATIONS. FINAL APPROVAL FOR INDIVIDUAL LOTS WITHIN THIS SUBDIVISION WILL BE BASED ON DETAILED LOT EVALUATION UPON APPLICATION AND SUBMISSION OF PLAN FOR PROPOSED USE. THIS PRELIMINARY CERTIFICATION IS ADVISORY ONLY AND CONFERS NO GUARANTEE.

DATE HEALTH REPRESENTATIVE

NOTE: EACH LOT SHOWN HEREON MAY REQUIRE THE USE OF SEWAGE PUMPS, LOW PRESSURE PIPE SYSTEMS, FILL SYSTEMS, INNOVATIVE SYSTEMS OR ANY OTHER ALTERNATIVE SYSTEM TYPE AND SITE MODIFICATIONS SPECIFIED IN THE NORTH CAROLINA LAWS AND RULES FOR SEWAGE TREATMENT AND DISPOSAL SYSTEMS, 15A NCAC 18A SECTION 1900. THE ACTUAL SYSTEM TYPE, DESIGN AND SITE MODIFICATIONS WILL BE DETERMINED AT THE TIME OF PERMITTING.

CHOOSE ONE:

FOR DESIGN AND INSTALLATION OF UTILITIES AND OTHER REQUIRED IMPROVEMENTS

"I HEREBY CERTIFY THAT ALL STREETS, UTILITIES AND OTHER REQUIRED IMPROVEMENTS HAVE BEEN INSTALLED IN AN ACCEPTABLE MANNER AND ACCORDING TO TOWN SPECIFICATIONS AND STANDARDS IN THE _____, OR THAT A SECURITY BOND IN THE AMOUNT OF \$ _____ OR CASH IN THE AMOUNT OF \$ _____ HAS BEEN POSTED WITH THE TOWN OF CLAYTON TO ASSURE THE COMPLETION OF ALL REQUIRED IMPROVEMENTS IN THE CASE OF DEFAULT.

DATE TOWN MANAGER

OR

CERTIFICATE OF PUBLIC UTILITIES

ALL OBLIGATIONS AND REQUIREMENTS FOR THE UTILITIES TO SERVE _____ SUBDIVISION, SECTION _____, LOTS _____, AS SET FORTH BY THE TOWN OF CLAYTON PUBLIC WORKS DEPARTMENT, HAVE BEEN MET AND ARE SATISFACTORY FOR THE PURPOSE OF RECORDING THE SUBDIVISION PLAT.

DATE TOWN MANAGER

NOTE: NO STRUCTURES TO BE BUILT INSIDE ANY UTILITY EASEMENT.
NOTICE TO CONNECT TO PUBLIC UTILITY SYSTEM
HOMEOWNER IS REQUIRED TO CONNECT TO PUBLIC WATER (AND SEWER, WHERE AVAILABLE) BEFORE CERTIFICATE OF OCCUPANCY IS ISSUED FOR THE PRINCIPAL STRUCTURE.

CERTIFICATES FOR A FINAL SUBDIVISION PLAT, CONTINUED

PAGE 4 of 4

**DEPARTMENT OF TRANSPORTATION DIVISION OF HIGHWAYS CERTIFICATE
PROPOSED SUBDIVISION ROAD CONSTRUCTION STANDARDS CERTIFICATION**

APPROVED: _____
DATE DISTRICT ENGINEER

NOTE: ONLY NORTH CAROLINA DEPARTMENT OF TRANSPORTATION APPROVED STRUCTURES ARE TO BE CONSTRUCTED ON PUBLIC RIGHT-OF-WAY.

NOTE: SITE TRIANGLE TAKES PRECEDENT OVER ANY SIGN EASEMENT

NOTE: OWNER, DEVELOPER, OR CONTRACTOR SHALL SET THE CENTERLINE OF THE EXISTING ROADWAY DITCH BACK TO A MINIMUM OF 12 FEET FROM THE EXISTING/PROPOSED EDGE OF PAVEMENT ALONG ALL ROAD FRONT LOTS.

NOTE: ALL DRAINAGE EASEMENTS SHALL BE DEDICATED AS PUBLIC AND IT SHALL BE THE RESPONSIBILITY OF THE PROPERTY OWNERS TO MAINTAIN THE DRAINAGE EASEMENTS AND ANY DRAINAGE STRUCTURES THERE IN, SO AS TO MAINTAIN THE INTEGRITY OF THE DRAINAGE SYSTEM AND INSURE POSITIVE DRAINAGE.

ROAD MAINTENANCE STATEMENT OF UNDERSTANDING

I, DEVELOPER/OWNER AM RESPONSIBLE FOR THE CONSTRUCTION, MAINTENANCE AND REQUIRED ROAD IMPROVEMENTS OF SUBDIVISION STREETS UNTIL:

APPROVED/TAKEN OVER BY NORTH CAROLINA DEPARTMENT OF TRANSPORTATION FOR PUBLIC ROADS, OR APPROVED/TAKEN OVER BY HOMEOWNERS ASSOCIATION FOR PRIVATE ROADS MAINTENANCE, OR PRIVATE ROAD MAINTENANCE AGREEMENT IS SIGNED AND RECORDED BY OWNERS OF EACH LOT.

DATE DEVELOPER/OWNER

CERTIFICATES FOR A MINOR SUBDIVISION PLAT

PAGE 1 of 3

CERTIFICATE OF OWNERSHIP AND DEDICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF THE TOWN OF CLAYTON AND THAT I HEREBY ADOPT THIS SUBDIVISION PLAN WITH MY FREE CONSENT, ESTABLISH MINIMUM SETBACK LINES, AND DEDICATE ALL STREETS, ALLEYS, PARKS AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED.

DATE

OWNER

PLANNING DIRECTOR'S CERTIFICATE

I HEREBY CERTIFY THAT THIS RECORDED PLAT HAS BEEN FOUND TO COMPLY WITH THE SUBDIVISION ORDINANCE OF THE TOWN OF CLAYTON, NORTH CAROLINA, AND THAT THIS PLAT HAS BEEN APPROVED FOR RECORDING IN THE REGISTER OF DEEDS OF JOHNSTON COUNTY.

DATE

PLANNING DIRECTOR – TOWN OF CLAYTON, NC

TOWN OF CLAYTON TOWN MANAGER CERTIFICATION FOR A FINAL PLAT

“I HEREBY CERTIFY THAT THE TOWN OF CLAYTON, NC HAS APPROVED THIS PLAT FOR RECORDING IN THE OFFICE OF THE JOHNSTON COUNTY REGISTER OF DEEDS, AND ACCEPTS THE DEDICATION OF STREETS, EASEMENTS, RIGHTS-OF-WAY, AND PUBLIC LANDS SHOWN THEREON, BUT ASSUMES NO RESPONSIBILITY TO OPEN OR MAINTAIN THE SAME UNTIL, IN THE OPINION OF THE CLAYTON TOWN COUNCIL, IT IS IN THE PUBLIC INTEREST TO DO SO.”

DATE

TOWN MANAGER

CERTIFICATE OF SURVEY AND ACCURACY

I, _____, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION FROM A (DEED DESCRIPTION RECORDED IN BOOK _____, PAGE _____, PLAT RECORDED IN BOOK _____, PAGE _____, OR OTHER); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN DEED/PLAT BOOK _____, PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:_____; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G. S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS _____ DAY OF _____, A.D., 20_____.

SURVEYOR

LICENSE NUMBER

CERTIFICATES FOR A MINOR SUBDIVISION PLAT, CONTINUED

PAGE 2 of 3

I _____ CERTIFY TO ONE OF THE FOLLOWING:

- 1) THAT THE SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND;
- 2) THAT THE SURVEY IS LOCATED IN A PORTION OF A COUNTY OR MUNICIPALITY THAT IS UNREGULATED AS TO AN ORDINANCE THAT REGULATES PARCELS OF LAND;
- 3) IS ONE OF THE FOLLOWING:
 - THAT THE SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET;
 - THAT THE SURVEY IS OF AN EXISTING BUILDING OR OTHER STRUCTURE, OR NATURAL FEATURE, SUCH AS A WATERCOURSE; OR
 - THAT THE SURVEY IS A CONTROL SURVEY.
- 4) THAT THE SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION;
- 5) THAT THE INFORMATION AVAILABLE TO THE SURVEYOR IS SUCH THAT THE SURVEYOR IS UNABLE TO MAKE A DETERMINATION TO THE BEST OF THE SURVEYOR'S PROFESSIONAL ABILITY AS TO PROVISIONS CONTAINED IN (1) THROUGH (4) ABOVE.

CERTIFICATE OF FLOODWAY INFORMATION

PROPERTY SHOWN HEREON _____ IS _____ IS NOT LOCATED IN A FEMA DESIGNATED FLOOD ZONE.

FLOOD HAZARD PANEL NO. _____

EFFECTIVE DATE: _____

DATE SURVEYOR

REVIEW OFFICER'S CERTIFICATE

STATE OF NORTH CAROLINA
COUNTY OF JOHNSTON

I, _____, REVIEW OFFICER OF JOHNSTON COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

DATE REVIEW OFFICER

CERTIFICATES FOR A MINOR SUBDIVISION PLAT, CONTINUED

PAGE 3 of 3

JOHNSTON COUNTY REGISTER OF DEEDS
STATE OF NORTH CAROLINA, JOHNSTON COUNTY

THIS INSTRUMENT WAS PRESENTED FOR REGISTRATION AND RECORDING THIS _____ DAY OF _____ 20__ AT _____.

_____ BY _____
REG. OF DEEDS ASST. REG. OF DEEDS

CERTIFICATION FOR WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS

CERTIFICATE OF PRELIMINARY APPROVAL OF WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS INSTALLED FOR INSTALLATION IN _____ SUBDIVISION MEET PUBLIC HEALTH REQUIREMENTS AS DESCRIBED IN APPENDIX II JOHNSTON COUNTY SUBDIVISION REGULATIONS. FINAL APPROVAL FOR INDIVIDUAL LOTS WITHIN THIS SUBDIVISION WILL BE BASED ON DETAILED LOT EVALUATION UPON APPLICATION AND SUBMISSION OF PLAN FOR PROPOSED USE. THIS PRELIMINARY CERTIFICATION IS ADVISORY ONLY AND CONFERS NO GUARANTEE.

DATE HEALTH REPRESENTATIVE

NOTE: EACH LOT SHOWN HEREON MAY REQUIRE THE USE OF SEWAGE PUMPS, LOW PRESSURE PIPE SYSTEMS, FILL SYSTEMS, INNOVATIVE SYSTEMS OR ANY OTHER ALTERNATIVE SYSTEM TYPE AND SITE MODIFICATIONS SPECIFIED IN THE NORTH CAROLINA LAWS AND RULES FOR SEWAGE TREATMENT AND DISPOSAL SYSTEMS, 15A NCAC 18A SECTION 1900. THE ACTUAL SYSTEM TYPE, DESIGN AND SITE MODIFICATIONS WILL BE DETERMINED AT THE TIME OF PERMITTING.



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

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: _____