



# MAJOR SUBDIVISION/ PRD/PUD APPLICATION

<i>Official Use Only</i>	
P&Z #:	_____
Date Rec'd:	_____
Rec'd By:	_____
Amount Paid: \$	_____

Town of Shallotte • PO Box 2287, Shallotte, NC 28459 • 116 Cheers Street, Shallotte, NC 28470 • Phone: (910) 754-4032 • Fax: (910) 754-2740

All applications must be complete and accompanied by the appropriate application fee, payable in cash or by check made to the Town of Shallotte. Contact the Town of Shallotte Planning Department to determine the appropriate fee or consult the current Town of Shallotte Fee Schedule. Applicants will also be responsible for the full cost of public notices, if any, which will be billed at a later time. Additionally, applicants may be charged for the balance of any professional review fees that exceed the application fee. Contact the Town of Shallotte Public Works Department to determine utility fees. All fees due must be paid in full before an application will be submitted for review by the Planning Board or Board of Aldermen or a preliminary or final plat will be signed.

The procedure and regulations for developing a Planned Residential Developments and Planned Unit Developments can be found in articles 15 and 16 respectively of the Unified Development Ordinance. Regulations for Major Subdivisions can be found in articles 27 through 31. Applicants are encouraged to schedule a pre-application meeting with staff prior to submitting a final application.

Project Name:		
<b>SECTION 1: APPLICANT INFORMATION</b>		
Applicant Name:		
Mailing Address:		
Phone:	Fax:	Email:
<b>SECTION 2: PROPERTY OWNER INFORMATION (if different from above)</b>		
Owner Name(s):		
Mailing Address:		
Phone:	Fax:	Email:
<b>SECTION 3: PROPERTY INFORMATION</b>		
Street Address and/or Description of Location:		
Parcel Tax ID #(s):	Total Site Acres:	
Current Zoning District(s):		
<b>SECTION 4: PROJECT INFORMATION</b>		
Proposed Zoning District(s):	<input type="checkbox"/> PUD <input type="checkbox"/> PRD Overlay	
Project to be developed in phases? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Phase Lines must be shown on Master Development Plans.</i>	
Brief Project Description:		

SECTION 4: PROJECT INFORMATION (continued)			
PROPOSED LAND USE MIX	UNITS	ACRES	SQUARE FOOTAGE
Single-Family Detached Residential			NA
Single-Family Attached Residential (Townhomes)			NA
Multi-Family Residential (Triplex, Quadraplex, Apartments, Condos)			NA
Office & Institutional (including religious, civic, and educational uses)			
Retail			
Other Non-retail Commercial			
Light Industrial			
Recreation & Open Space (privately owned and maintained)	NA		NA
Recreation & Open Space (dedicated to Town of Shallotte)	NA		NA
SECTION 5: SUPPLEMENTAL INFORMATION REQUIRED			
<p>Each application use must include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> An application fee in cash or check made payable to the Town of Shallotte.</li> <li><input type="checkbox"/> Applicable utility fees, including transmission recovery fees and sewer allocation fees.</li> <li><input type="checkbox"/> For conventional subdivisions: a preliminary plat pursuant to Appendix IV.</li> <li><input type="checkbox"/> For PUDs: a Master Development Plan/Land Use Plan/Site Plan pursuant to Section 16-9 and Appendix IV.</li> <li><input type="checkbox"/> For PRDs: a Master Development pursuant to Sections 15-4, 15-5, and Appendix IV.</li> <li><input type="checkbox"/> A Traffic Impact Study pursuant to Section 30-25, if required.</li> <li><input type="checkbox"/> A copy of property deeds and any referenced maps for all tracts under consideration.</li> <li><input type="checkbox"/> A notarized letter of authorization if acting as the agent for the property owner(s).</li> </ul>			
SECTION 6: APPLICANT/OWNER SIGNATURE			
<p>In filing this application, I hereby certify that I am authorized to submit this application and that all of the information presented in this application is accurate to the best of my knowledge, information, and belief.</p> <p>Signature: _____ Date: _____</p>			

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Planning Board Hearing Date: _____	Recommendation: _____	Staff: _____
Board of Aldermen Hearing Date: _____	Action: _____	Staff: _____
Comments: _____		
_____		