

TOWN OF MARSHALL

180 South Main Street • PO Box 548• Marshall, NC 28753 • Phone (828) 649-3031• Fax (828) 649-3413 **Subdivision Application-**Please fill out completely, or application will not be processed.

(updated 5-18-11)

Date Received:		Received By:		Receipt #:	: Case #:		
1.	Application Type Major Subdivision	√ Fee		Minor Subdivisio	√ 	Fee	
	Sketch Plan			Final Plat			
	Preliminary Plat						
	Final Plat			Other:			
					Fee Total		
2.	Project Information						
	Date of Application	Name	of Project	Phase #			
	Location			Zoning			
	Tax Parcel Number(s)						
	Current Land Use		Propos	Proposed Land Use			
	Property Size (acres)		Acres to be graded		# of Lots Proposed		
	Proposed streets are (check one):		Public	Private	Exis	ting	
	Proposed water system (check one):		Individual	Private Commun	nity Tow	n	
	Proposed sewer system (check one):		Individual	Private Commun	nity Tow	n	
3.	Contact Information						
	Developer						
	Developer Address			City, State Zip			
	Telephone			Fax			
	Signature		Print Name			Date	
	Agent (Registered Engine	eer, Designer, Sur	veyor, etc.)	Property Owner			
	Address			Address			
	City, State Zip			City, State Zip			
	Telephone Fax			Telephone	Fax		
	Signature	Print Name	Date	Signature	Print Name	Date	

)es	cription of Project-Briefly explain the nature of this req	iest.	
Sta	aff Use Only:		
	For Major Subdivision Preliminary Plats:		
	Preliminary Plat recommended for approval b	y the Planning Board.	
	Signature of Planning Board Chairman	Date	
	Preliminary Plat approved by Town Board of	Aldermen.	