



# 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)

<b>Date Received:</b>	<b>Received By:</b>	<b>Receipt #:</b>	<b>Case #:</b>
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## 1. Application Type

<b>Major Subdivision</b>	<input checked="" type="checkbox"/>	Fee			<input checked="" type="checkbox"/>	Fee
Sketch Plan	<input type="checkbox"/>	_____			<input type="checkbox"/>	_____
Preliminary Plat	<input type="checkbox"/>	_____			<input type="checkbox"/>	_____
Final Plat	<input type="checkbox"/>	_____			<input type="checkbox"/>	_____
				<b>Minor Subdivision</b>		
				Final Plat	<input type="checkbox"/>	_____
				<b>Other:</b> _____	<input type="checkbox"/>	_____
						Fee Total _____

## 2. Project Information

Date of Application \_\_\_\_\_ Name of Project \_\_\_\_\_ Phase # \_\_\_\_\_

Location \_\_\_\_\_ Zoning \_\_\_\_\_

Tax Parcel Number(s) \_\_\_\_\_

Current Land Use \_\_\_\_\_ Proposed Land Use \_\_\_\_\_

Property Size (acres) \_\_\_\_\_ Acres to be graded \_\_\_\_\_ # of Lots Proposed \_\_\_\_\_

Proposed streets are (check one):    Public \_\_\_\_\_    Private \_\_\_\_\_    Existing \_\_\_\_\_

Proposed water system (check one):    Individual \_\_\_\_\_    Private Community \_\_\_\_\_    Town \_\_\_\_\_

Proposed sewer system (check one):    Individual \_\_\_\_\_    Private Community \_\_\_\_\_    Town \_\_\_\_\_

## 3. Contact Information

\_\_\_\_\_  
Developer

\_\_\_\_\_  
Developer Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent (Registered Engineer, Designer, Surveyor, etc.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

