

CITY OF GRAHAM, NORTH CAROLINA
Application for Approval of Subdivision
Check one: _____ Final Plat _____ Preliminary Plat

Date: _____

1. Name of Subdivision _____
2. Name of Applicant _____ Phone _____
Address _____
3. Owner of Record _____ Phone _____
Address _____
4. Engineer _____ Phone _____
Address _____
5. Land Surveyor _____ Phone _____
Address _____
6. Attorney _____ Phone _____
Address _____
7. Subdivision Location (general description) (not tax map description) _____

8. Tax Map # Map _____ Block _____ Lot(s) _____
9. Total Square Feet _____ (per lot)
Total Acreage _____ Zoning District _____
Number of Lots _____ Recording Fees \$ _____
10. Water _____ Sewer _____
11. Jurisdiction of the subdivision:
Within City Limits _____ Extraterritorial _____
12. Flood Zone _____
13. Attach two (2) mylar copies and twelve (12) paper copies of the final plat.
14. Street names (proposed and existing). _____
15. Existing and proposed right-of-ways and easements _____

I certify that all information furnished in this application is true to the best of my knowledge. Further, this is authorization for the City of Graham to record the Final Plat.

Signature

Date