



DATE: _____

FEE: _____

APPLICANT INFORMATION

NAME: _____

PHONE: _____

ADDRESS: _____

EMAIL: _____

LAND SUBDIVISION REQUEST INFORMATION

LOCATION: _____

PARCEL ID NUMBER: _____

OWNER: _____

CURRENT ZONING: _____ IN CITY LIMITS: Y ___ N ___ IN ETJ: Y ___ N ___ ACREAGE: _____

NUMBER OF LOTS PROPOSED: _____ VOLUNTARY ANNEXATION REQUESTED: Y ___ N ___ N/A ___

I/we _____ have reviewed the Unified Development Ordinance (UDO) of the Town of Burgaw and certify that all regulations, requirements, and standards of design have been satisfied as they pertain to this proposed subdivision. I/we also agree to submit two (2) 24x36 copies of a preliminary plat and a digital copy along with this application.

Applicant Signature: _____

Date: _____

Owner Signature (if not applicant): _____

Date: _____

FOR OFFICE USE ONLY

Verified and accepted by: _____ Date: _____