



# LAND DIVISION & RETRACEMENT APPLICATION

## APPLICANT / SURVEYOR INFORMATION

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone No. \_\_\_\_\_

## SITE INFORMATION

Property Owner \_\_\_\_\_ Email \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Site Address \_\_\_\_\_ Sec. \_\_\_\_\_ Twp (#) \_\_\_\_\_ Rng \_\_\_\_\_ Acreage \_\_\_\_\_

Parcel No. \_\_\_\_\_ Zoning \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

## PROPOSED DIVISION (S)

Net New Building Lots: \_\_\_\_\_ Net New Non-Building Lots: \_\_\_\_\_

### DIVISION TYPE

|  |   |   |  |   |
|--|---|---|--|---|
| Administrative Division<br><input type="checkbox"/> Retracement<br><i>(no fee)</i><br><input type="checkbox"/> Certified Survey<br><i>No more than net 1 new buildable lot</i><br><i>Date Received</i> | <input type="checkbox"/> Technical Review<br><br><br><br><br><br><br><br><br><br><i>Date Received</i> | <input type="checkbox"/> Primary Plat<br><br><br><br><br><br><br><br><br><br><i>Date Received</i> | <input type="checkbox"/> Improvement Plan<br><i>Required when public improvements are proposed</i><br><br><br><br><br><br><br><br><br><br><i>Date Received</i> | <input type="checkbox"/> Secondary Plat<br><br><br><br><br><br><br><br><br><br><i>Date Received</i> |
| Staff Comments:  |   |   |  |   |

As applicant, I understand that this application is being submitted in accordance with the Town of Dillsboro Zoning & Subdivision Control Ordinances, and that I am responsible for the accuracy and completeness of this application. Further, I have read and understood the instructions associated with this application and understand that incomplete or inaccurate information may result in the delay or denial of this request.

**X** \_\_\_\_\_  
*Applicant's Signature* *Date*

**X** \_\_\_\_\_  
*Town Official Signature* *Date*