



# Town of Montreat Subdivision Application Form

P.O. Box 423, Montreat, North Carolina 28757

Phone: (828) 669-8002 • Fax: (828) 669-3810

www.townofmontreat.org

Application Date: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
 Subdivision/Owner Name: \_\_\_\_\_  
 Property Location/Street: \_\_\_\_\_  
 PIN#: \_\_\_\_\_ Deed Book/Page: \_\_\_\_\_  
 Original Tract Size: \_\_\_\_\_ Sq.Ft./Acre(s) Total # of Proposed Lots: \_\_\_\_\_

### Subdivision Type/Description

Residential \_\_\_\_\_  Institutional \_\_\_\_\_  
 I/R \_\_\_\_\_  Other \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Registered Surveyor: \_\_\_\_\_  
 Phone (Office/Cell): \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**I certify that the above information is accurate and true and that I am the owner or a duly appointed agent of the owner. I understand that a copy of the recorded plat (minor and exempt subdivisions) or approved final plat (major subdivisions) must be submitted to the Town Administrator or his or her designee prior to the issuance of any permits associated with this subdivision.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Major Subdivision  Minor Subdivision  Recombination  
 Preliminary Plat Approval  Final Plat Approval Date: \_\_\_\_\_  
 With Conditions (attached): \_\_\_\_\_

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date