

CITY OF CHARLOTTE – PLANNING DEPARTMENT
SUBDIVISION APPLICATION

All fees will be collected at the time of initial application

A.) PLAN SUBMITTAL TYPE *(Check Appropriate Box):*

<input type="checkbox"/> Preliminary Subdivision SDRSF	<input type="checkbox"/> Mixed Use Development SDRMU	<input type="checkbox"/> Revised Preliminary SDRSFR	<input type="checkbox"/> Revised Mixed Use SDRMUR
<input type="checkbox"/> Planned Multi-Family SDRMF	<input type="checkbox"/> Commercial Subdivision SDRC	<input type="checkbox"/> Revised Planned Multi-Family SDRMFR	<input type="checkbox"/> Revised Commercial Subdivision SDRCR

B.) SITE INFORMATION:

Subdivision Name: _____

Property Address: _____

Tax Parcel(s) #: _____ **Zoning:** _____ **Rezoning Petition #:** _____

(If applicable)

Single Family (Detached) or Single Family (Attached) <i>Duplex, Triplex, Quadraplex</i>	Multi-Family – (Type) <i>(Check Appropriate Box)</i> Apt _____, Townhome _____, Condo _____	Non-Residential
Acreage: _____	Acreage: _____	Acreage: _____
# of Lots: _____ # of Units <i>(If applicable)</i> : _____	# of Units: _____	Denuded Acreage: _____

Describe Project/Revision (Attach additional documentation if necessary):

☐ Check if requesting City Solid Waste collection off an alley within a proposed Single Family Development.

C.) APPLICANT INFORMATION: (Owner of Record or Owner's Duly Authorized Agent) (Print Applicant Information)

Property Owner of Record: _____

Applicant Signature*: _____ **Date:** _____

Applicant Name: _____ **Contact Name:** _____

Address: _____
(Street Address) (City, State, Zip)

Email Address: _____ **Phone #:** _____

** If applicant signature is not property owner of record, documentation must be attached to application for an authorized agent signature.*

D.) LICENSE PROFESSIONAL (Architect, Engineer, OR Surveyor):

Firm Name: _____ **Contact Name:** _____

Address: _____
(Street Address) (City, State, Zip)

Phone #: _____ **Fax Number:** _____

Email Address: _____ **Professional License #:** _____

E.) CHARLOTTE-MECKLENBURG UTILITIES (CMUD) INFORMATION: (Check Appropriate Box)

SEWER

WATER

<input type="checkbox"/> CMUD Public System	<input type="checkbox"/> Septic Tank, Private "Package" System	<input type="checkbox"/> CMUD Public System	<input type="checkbox"/> Private Community / Individual Well
<input type="checkbox"/> Private System Connecting to CMUD	<input type="checkbox"/> Other _____	<input type="checkbox"/> Private System Connecting to CMUD	<input type="checkbox"/> Other _____