



Town of Waxhaw Planning and Inspections Department
1150 N. Broome St, PO Box 617 Waxhaw, NC 28173
704-843-2195
www.waxhaw.com

FINAL PLAT APPLICATION

Date Received _____ Permit Fee _____ Permit Case Number _____

Applicant Name	Phone Number	Mailing Address
Email Address		
APPLICANT SIGNATURE		
I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete.		
X _____		

Are you the property owner?		
<input type="checkbox"/> Yes (STOP HERE) <input type="checkbox"/> No (Property Owner Completes Below)		
Property Owner Name	Phone Number	Mailing Address
PROPERTY OWNER SIGNATURE		
I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete.		
X _____		

Plan Review Information

<p>The following type of plan is being submitted for review by the Town of Waxhaw:</p> <p> <input type="checkbox"/> Non-Residential Site Plan <input type="checkbox"/> Minor Subdivision <input type="checkbox"/> Residential Site Plan <input type="checkbox"/> Revision to Approved Plat <input type="checkbox"/> Other </p>		
<p>Name of Project:</p>		
<p>Address/ Location of Project</p>		<p>Current Zoning</p>
<p>Parcel Number</p>	<p>Type of Land Use</p> <p> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other </p>	
<p>Number of Lots</p>	<p>Total Acreage</p>	<p>Located FEMA Floodplain?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>



The Following Shall Be Completed By The Zoning Administrator:

Plan to be reviewed by:
Approved Date: _____ or Denied Date: _____
Zoning Administrator Signature:
X _____ Date _____

Permit Case Number: _____



FINAL PLAT REVIEW- CHECKLIST

Project Name: _____	Date Submitted: _____
Design Contact: _____	Phone/Email: _____
Planner Assigned: _____	Application Complete? <u>Y</u> / No-see below
Project Number Assigned: _____	Comments Due: _____

*This is a standardized document generated to facilitate consistent final plat reviews. Additional requirements may be necessary based on site-specific conditions. **Applicant should verify all items are provided in plans or calculations submitted to ensure a complete application prior to review.** All information below must also be submitted in digital format. The Plat Application Completeness Checklist must be completed by the applicant and will be reviewed for completeness by a Zoning Administrator. Reference LDC Chapter 5.*

Please check all the spaces below to confirm each requirement has been completed or provide NA to identify it is not applicable and clarify the reason each requirement is not applicable for the plat submitted in the space below or an attached letter.

ATTENTION *If any item(s) identified below are not addressed the application will be stamped INCOMPLETE and returned to the application without further review.*

Plat Application Completeness Checklist	YES	N/A
Plat Requirements (G.S. 47-30 Referenced)		
1. Provide north arrow and source of data	<input type="checkbox"/>	<input type="checkbox"/>
2. Property line distance shall be provided in feet	<input type="checkbox"/>	<input type="checkbox"/>
3. Provide Scale at 60' minimum- All lines shall be shown to scale. Enlargements allowed if necessary	<input type="checkbox"/>	<input type="checkbox"/>
4. Date of survey	<input type="checkbox"/>	<input type="checkbox"/>
5. Boundary Curve data shall be provided	<input type="checkbox"/>	<input type="checkbox"/>
6. For Subdivisions all streets and lots shall be plotted with dimension lines	<input type="checkbox"/>	<input type="checkbox"/>
7. Identify all property corners	<input type="checkbox"/>	<input type="checkbox"/>
8. The names, zoning classification, and jurisdiction of adjoining property owners	<input type="checkbox"/>	<input type="checkbox"/>
9. Identify all right of way, or other features that form any boundary on the property shown	<input type="checkbox"/>	<input type="checkbox"/>
10. Identify survey mechanism used to conduct survey	<input type="checkbox"/>	<input type="checkbox"/>
11. Provide a vicinity map (location map) on the first page/cover of the plat	<input type="checkbox"/>	<input type="checkbox"/>
12. Provide surveyor certification on 1st page of the plat and the surveyor's seal on all pages	<input type="checkbox"/>	<input type="checkbox"/>
13. All streets shall be named (if any road is proposed to intersect with a state maintained road, the subdivider shall apply for driveway approval as required by NCDOT, Division of Highways' Manual on Driveway regulations. Evidence that the subdivider has obtained such approval must accompany plat)	<input type="checkbox"/>	<input type="checkbox"/>
14. Provide a legend on all plan sheets (legend should identify all line, hatching, and symbol types)	<input type="checkbox"/>	<input type="checkbox"/>
15. Provide 6 copies of Plats on 18 x 24 or 24 x 36 paper AND a copy in digital format (Email, Flash drive, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
16. Home owners Association (HOA) documents submitted (If applicable) -Note assigning responsibilities of SDE to HOA or private homeowners as applicable	<input type="checkbox"/>	<input type="checkbox"/>



If any item(s) identified above are not addressed the application will be stamped INCOMPLETE and returned to the application without further review. If all items above are complete proceed with review. Comments will be returned within 30 days.

As also stated in the directions above. Please check all the spaces below to confirm each requirement has been completed or provide NA to identify it is not applicable and clarify the reason each requirement is not applicable for the plat submitted in the space below or an attached letter.

ADDITIONAL ITEMS REQUIRED BY APPLICANT	YES	N/A
General Information Required:		
1. Name of Subdivision		
2. Location - Township, county, and state		
3. Names, addresses, and phone numbers professional engineers responsible for subdivision		
4. Corporate Limits, Township Boundaries, County Lines if on subdivision tract		
5. Boundaries of the tract or portion thereof to be subdivided, distinctly and accurately represented with all bearings and distances shown		
6. The names of any adjoining subdivisions of record or proposed and under review		
7. Existing buildings or other structures, water courses, railroads, bridges, culverts, storm drains, both on the land to be subdivided and land immediately adjoining		
8. Lots numbered consecutively throughout subdivision		
9. Lots Addressed throughout subdivision		
10. The exact location of the flood hazard, floodway, and floodway fringe areas from the community's FEMA maps. Panel numbers must be provided.		
Site Data with the following information (Preferably in a Table):		
1. Address of overall site (if applicable)		
2. Parcel ID No (or parent parcel)		
3. Owner of Property/subdivider		
4. Total Number of Lots		
5. Total Site Area (acre/square feet)		
6. Area calculations of total area proposed		
7. Open Space Calculations		
Zoning Information (Preferably in a Table):		
1. Current & future zoning classification		
2. Project No (if applicable)		
3. All Minimum Setbacks (Front, Rear, Side)		
4. Max Building Height Allowed		
5. Area Calculations (Total, Right-of-way, Lots, & COS)		
6. Maximum & Minimum Lot Size Required		
Data Concerning Streets & Transportation:		
1. Existing & Platted streets on adjoining properties and in the proposed subdivision		
2. Rights-of-Way, locations & Dimensions		
3. Design table for engineering data of all corners, curves, & linear feet of the street lengths		
4. Site triangles (35' x 35' internal and 10' x 70' at entrance)		
Location & Dimension of all:		
1. Utility & Other Easements (Including sanitary sewers, storm sewers, etc.)		
2. Natural Buffers		
3. Areas to be Dedicated for Public Use		
4. Areas to be used for purposes other than residential with the purpose of each stated (if applicable)		
5. Plans for individual water supply & sewage disposal systems if any		