



Town of Goldston
Central Pines Regional Council Planning Department
4307 Emperor Blvd, Suite 110
Durham, NC 27703
Phone: 919-503-3431
Fee: \$250.00

Major Subdivision Extension Application

Name of Subdivision/Phase: _____

Property Owner/Applicant:

Representative (Surveyor, Engineer, Etc.):

Name: _____

Name: _____

Address: _____

Company Name: _____

Address: _____

Phone: (W) _____

Address: _____

(H) _____

Phone: (W) _____

(C) _____

(C) _____

Email: _____

Email: _____

Who should staff contact (circle one)? **Property Owner/Applicant** **Consultant**

PROPOSAL : Attached a detailed explanation of the extension request including status of required permits along with names and addresses of all adjoining property owners. If more than 10 adjoining property owners, provide mailing labels.

Parcel # (AKPAR): _____ Zoning District: _____

Flood Map # _____ Zone: _____ Watershed District: _____

Existing Access Road (S. R. # and name): _____

County water available: YES ☐ NO ☐

Applicant/Agent Signature

Date

For office use

Application received by _____

Date: _____

Fee _____ Date Paid: _____

Extension request approved YES ☐ NO ☐ Date: _____

By _____

Date Extended from: _____