

PLAT APPLICATION

SUBDIVISION/ANNEXATION/RECOMBINATION/DEDICATION

APPLICANT INFORMATION	
Property Owner	Surveyor/Engineer
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
E-mail:	E-mail:
SITE & PLAT INFORMATION	
Site Address/Location:	
GPIN(s):	Tax Map #:
Plat Type □ Subdivision 6+ Lots If Major Subdivision, Pre-Plat Checklist Required Prior to Recordation	
\Box Subdivision 1 − 5 Lots \Box Recombination \Box Dedication \Box Annexation	
Plat Name & Action Description:	
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Is the plat exempt, as specified by NC General Statutes 160D-802? ☐ No ☐ Yes, Provide Rationale:	
The information provided on this application is accurate and representative of the intended project, to the	
best of my knowledge. I acknowledge that the City of Mebane reserves the right to investigate both	
current conditions and any changes to the property to verify compliance with this zoning permit.	
Applicant Signature	Date
CITY USE ONLY	
Jurisdiction: □ City □ ETJ □ A	Alamance County Orange County
Zoning District:	, ,
Lot Dimensional Standards Met?	[o □ Yes
Council-Approved Lot Waivers?	
Appendix F or Checklist Attached? □ N	**
Onsite Grading Check?	<u>.</u>
Confirm Property Record w/Register of Deeds □ N	
All Easements/ROW Shown? □ N	
Watershed Overlay? □ N	
Floodplain?	
50' Stream Buffer?	
SEND APPROVED PLAT W/ADDRESSES & STREET NAMES to PUBLIC WORKS	
☐ The submitted plat IS permitted	
☐ The submitted plat IS NOT permitted	
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☐ The submitted plat meets NCGS criteria and is exempt from the Mebane Subdivision Standards	
N 0 Ti'.1 6 Ti ' C CC' ' 1	
Name & Title of Zoning Official	
Signature of Zoning Official	Date

919 563 9506

e planning@cityofmebane.com