

# PRELIMINARY PLAT APPLICATION



102 Town Hall Dr., Leland, NC 28451  
www.townofleland.com

Planning and Inspections Department  
Phone 910-371-3390 Fax 910-371-1158

## FEES

Preliminary Minor Plat	\$100
Preliminary Major Plat	\$700 +\$5 per lot
Preliminary Plat Revisions-Staff review	\$100
Preliminary Plat Revisions-Board review	\$200

## Instructions

- You are strongly encouraged to arrange an informal pre-application conference with Planning Staff at least three weeks prior to the date upon which you intend to submit an application. By attending this conference, you will improve your chances of submitting a complete and acceptable application. You should bring a rough sketch of your proposal to this conference. Staff will point out any significant design problems, advise you regarding the required approval letters, and generally assist you in preparing an acceptable application.
- Provide twelve (12) 24" X 36" paper copies of the maps and plans in question for technical review. Note, you will be required to provide additional copies for subsequent Planning Board and Town Council action.
- Provide digital PDF copies of all plans, maps, applications, and supporting documents.

## Property Information

Development Name: \_\_\_\_\_

Phase(s): \_\_\_\_\_ Section: \_\_\_\_\_

Location: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Project Details

Number of proposed lots \_\_\_\_\_

Minimum lot size (sf) \_\_\_\_\_

Current Zoning \_\_\_\_\_

Maximum lot size (sf) \_\_\_\_\_

Total acreage \_\_\_\_\_

Average lot size (sf) \_\_\_\_\_

Acreage in open space \_\_\_\_\_

HOA?  Yes  No

(NOTE: Dedicated Open Space must be at least 5% of the total gross acreage)

**Roads**

Public (Provide the total gross linear footage of all public roads.) Total Linear Feet \_\_\_\_\_  
 Private  
 Both

Sidewalks Provided  Yes  No Streetlights Provided  Yes  No

Number of on-street/clustered parking spaces provided \_\_\_\_\_

**Water and Sewer**

Please check the appropriate box:  Public Water  Well Gallons Per Day \_\_\_\_\_  
 Public Sewer  Septic Gallons Per Day \_\_\_\_\_

Please Specify the Provider of: Water  Town  NBSD  
Sewer  Town  NBSD  Brunswick County

Please Note: All requests from a prospective sewer user whose allocation will come from the Town of Leland that is in excess of 2,000 gallons of wastewater per day must be approved in advance by the Leland Town Council. Please check with the Planning Staff when completing out this application if you have any questions.\*\*

**Existing and Proposed Use of Land**

Describe Existing use of the land: \_\_\_\_\_

Proposed use of the land: (Please Check all that fits the project type)

- Residential, single family
- Residential, multiple family

Types of multiple family structures and numbers of each (e.g. duplex): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Condominium (Number of units \_\_\_\_\_)
- Commercial or Industrial (% of Gross Site \_\_\_\_\_)
- Other (please describe) \_\_\_\_\_

\_\_\_\_\_

**Certification**

I certify that I am authorized to make this application, that the information provided is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature Applicant's Printed Name Date