

**TOWN OF HOPE MILLS
SUBDIVISION, GROUP DEVELOPMENT AND SITE PLAN SUBMISSION FORM**

TYPE REVIEW	DATE	BILL AMT	RECEIPT
PRELIMINARY			
FINAL			
EXTENSION/ADDITION			
REVISION			
PARKS & OPEN SPACE FEE			
COPIES			

Case Number: _____
 Date Received: _____
 Received By: _____
 Town Board Meeting
 Date: _____

NOTE: See Fee Schedule \$

Check Payable To: Town of Hope Mills

12 Working Days Review for County Planning Staff

5 Plan Copies Required for All Developments

Name of Development: _____

Location: _____

Parcel Identification Number(s): _____

Number of Lots/ Use of Property
 Units to be Approved: _____ (Be Specific): _____

Submission Type: _____

Type of Water Facility (existing or proposed): Well _____ PWC _____ Comm.(Specify) _____

Type of Sewer Facility (existing or proposed): Septic _____ PWC _____ Other (Specify) _____

Owner/Developer: _____
Mailing Address: _____

Telephone Number(s): _____
FAX Number: _____
EMAIL: _____

Engineer/Surveyor: _____
Mailing Address: _____

Telephone Number(s): _____
FAX Number: _____
EMAIL: _____

Contact Person: _____ Telephone No.: _____

E911 ADDRESSING MUST SIGN EVERY SUBMITTAL FORM PRIOR TO SUBMISSION OF APPLICATION

E911 Authorized Signature: _____

Do you wish the County to install street signs at a fee if required? YES _____ NO _____

Signature: _____ Date: _____

"FOR ANY QUESTIONS, CALL: ED BYRNE 678-7609, JEFF BARNHILL 678-7765 or PATTI SPEICHER 678-7605 "

OFFICIAL USE ONLY

Ft Bragg 1/mi _____ Yes _____ No _____ Zoning: _____ Verified by: _____
 Airport Area _____ Yes _____ No _____ Historic District: _____ Date: _____

NOTE: THE APPLICANT IS RESPONSIBLE FOR ENSURING EASEMENTS WHICH MAY EXIST ON THE SUBJECT PROPERTY ARE "ACCOUNTED FOR AND SHOWN ON THE PLAN, NOT ENCUMBERED AND THAT NO PART OF THIS DEVELOPMENT IS VIOLATING THE" RIGHTS OF THE EASEMENT HOLDER.

AFFIDAVIT OF OWNERSHIP

To the best of my knowledge, the following are the current tax record owners and/or the current owners of the subject property located at _____:

Signature	Printed Name
Signature	Printed Name
Signature	Printed Name
Signature	Printed Name

State of North Carolina
County of Cumberland

Acknowledge before me by _____ on the _____ day of _____, 200____.
(OWNER/DEVELOPER)

Notary Public

(S E A L)

My commission expires: _____

Sudivision Fees:

(including units ownership & zero lot line)

< or = Lots/Units > 5 Lots/Units

Preliminary plan review	\$100.00	\$200.00
Preliminary plan revision and extension	\$ 50.00	\$ 50.00
Final plats	\$ 50.00	\$ 50.00
Subdivision Ordinance Waiver	\$200.00	\$200.00

Residential Group Development Fees:

(including units manufactured home parks)

Preliminary group development	\$100.00	\$100.00
Group development revisions and extensions	\$ 50.00	\$ 50.00

Non-Residential Site Plans:

Site plan review	\$100.00	\$100.00
Site plan revision and extension	\$ 50.00	\$ 50.00
Alternate yard request	\$200.00	\$200.00