

(Please type or print)

1. Name of subdivision: _____
2. Name, address, telephone number, and fax number of owner(s)/developer(s): _____

3. Name, address, telephone number, and fax number of surveyor/engineer: _____

4. Name, address and e-mail address of person to whom comments should be sent:

5. Telephone number of person to whom comments should be sent: _____
Fax: _____
6. Location of subdivision: _____
7. Cabarrus County P.I.N.#: _____
8. Current zoning classification: _____
9. Date of preliminary Plat approval: _____

REQUIRED ATTACHMENTS/SUBMITTALS

1. Four (4) **FOLDED** black/blue line copies of the plat are required at the time of submission.
2. A fee of \$80.00 (Fee includes technology fee).
3. At least two (2) mylars should be submitted **after** review and approval of the plat. Submit a third mylar if the applicant would like one back.

NOTE: *By affixing his or her signature hereto, the sub divider acknowledges understanding of and agreement to comply with all provisions of the Concord Subdivision Regulations which include, but are not limited to, the requirement to pay costs of construction inspections of improvements to be owned and maintained by the City of Concord as conditions precedent to approval of the final plat for recording.*

_____ Date

_____ Signature of Owner/Agent

Staff Use Only:

Fee: _____ Received by: _____ Date: _____