



TOWN OF BERMUDA RUN

120 Kinderton Blvd., Suite 100 • Bermuda Run, NC 27006 • Phone 336-998-0906 • Fax 336-998-7209

Land Development Application-Please fill out completely, or application will not be processed.

(updated 8/6/2009)

Case #:

1. Application Type

Subdivision:	✓	Fee	✓	Fee
<i>Major Subdivision</i>				
Sketch Plan	<input type="checkbox"/>	_____	Standard Rezoning	<input type="checkbox"/> _____
Preliminary Plat	<input type="checkbox"/>	_____	Conditional Use District Rezoning	<input type="checkbox"/> _____
Construction Plans	<input type="checkbox"/>	_____		
Final Plat	<input type="checkbox"/>	_____	Site Plans:	
<i>Minor Subdivision</i>			Level II Site Plan (TRC Review)	<input type="checkbox"/> _____
Final Plat	<input type="checkbox"/>	_____	Text Amendment:	<input type="checkbox"/> _____
			Other: _____	<input type="checkbox"/> _____
				Fee Total _____

2. Project Information

Date of Application _____ Name of Project _____ Phase # _____

Location _____ Property Size (acres) _____ # of Units (residential) _____

Current Zoning _____ Proposed Zoning _____

Current Land Use _____ Proposed Land Use _____

Tax Parcel Number(s) _____

3. Contact Information

Developer

Developer Address

City, State Zip

Telephone

Fax

Signature

Print Name

Date

Agent (Registered Engineer, Designer, Surveyor, etc.)

Address

City, State Zip

Telephone

Fax

Signature

Print Name

Date

Property Owner

Address

City, State Zip

Telephone

Fax

Signature

Print Name

Date

4. Description of Project

a. Briefly explain the nature of this request.

b. For All Rezoning: Provide a statement regarding the consistency of this request with Town Plans and the surrounding land uses.

c. For Conditional District Rezoning: Provide a statement regarding the reasonableness of the rezoning request.

Staff Use Only:

Date Application Received: _____

Received By: _____

Fee Paid: \$ _____

Case #: _____

Notes: _____
