

**PRELIMINARY MAJOR SUBDIVISION**

*Ten (12) sets of plans and CD (pdf) are to be prepared and sealed by an architect, land surveyor, or engineer licensed to practice in the State of North Carolina, must be submitted along with completed application and filing fee.*

OFFICE USE ONLY

Application Number: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt: \_\_\_\_\_  
Related Projects: \_\_\_\_\_

1. Project Name: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_  
Site Location: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Total Acreage: \_\_\_\_\_ Disturbed Acreage: \_\_\_\_\_ Wake County PIN: \_\_\_\_\_

2. Applicant: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

3. Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

4. Site Designer: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**SIGNATURES (REQUIRED)**

\_\_\_\_\_  
Applicant – Printed Applicant – Signature Date

\_\_\_\_\_  
Owner – Printed (if other than applicant) Owner – Signature Date

## OWNER'S AUTHORIZATION

*If the owner(s) of this subject property are giving authorization for someone else to apply for a Major Subdivision, this authorization is to be completed and submitted at time of application.*

I(WE), \_\_\_\_\_, do hereby certify that I(We)  
(name(s) of owner(s) of subject property)

am (are) the owner(s) of the property legally described below and hereby certify that

I(We) have given authorization to \_\_\_\_\_ to

(Name of Company and Representative)

apply for a Major Subdivision for My(Our) property.

Wake County Parcel Identification Number(s):

Corresponding Real  
Identification Number(s):

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

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

\_\_\_\_\_  
Property Owner – Print

\_\_\_\_\_  
Property Owner – Signature      Date

### NOTARY STATEMENT

Sworn to and subscribed before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Notary  
Public in and for the State of North Carolina.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
SEAL

\_\_\_\_\_  
Notary Public Printed      Date