



TOWN OF CLAYTON
Planning Department
111 E. Second St., P.O. Box 879
Clayton, NC 27528
Phone: 919-553-5002
Fax: 919-553-1720

RECOMBINATION/EXEMPT PLAT COVER SHEET

Name of Project: _____ Date: _____

Applicant Name: _____

The following checklist to be completed by applicant:

Application Review Fee

Please submit 1 hardcopy and 1 digital copy (via email or on USB)

Completed Application

Owner's Consent Form

Signed and Sealed Boundary Survey

Reviewed by: _____



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RECOMBINATION/EXEMPT PLAT APPLICATION

Application Fee: \$150

- Exempt Plat
- Recombination

SITE INFORMATION

Name of Project: _____

Preliminary Plat Approval Date and Project # (if applicable): _____

Acreage of Property: _____ Zoning District: _____

County Tag #: _____ NC Pin #: _____

Address/Location: _____ Electric Provider: _____

Section(s)/Phase(s): _____

Number of Lots (existing): _____ (proposed) _____ Min Lot Size: _____

Brief Description of Request: _____

APPLICANT INFORMATION

Applicant: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Contact Person: _____

Email Address: _____

FOR OFFICE USE ONLY

Date Received: _____ Amount Paid: _____ Permit Number: _____

PROPERTY OWNER INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

RECOMBINATION PLAT/EXEMPT PLAT REQUIREMENTS CHECKLIST

The applicant is responsible for completing this checklist. Please submit with the completed application.

To be completed by the applicant:	Yes	N/A	Staff:
			N/A
1. Plans are 18 inches by 24 inches with a scale no smaller than 1 inch = 100 feet.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Name of subdivision and/or applicant (including phase numbers if applicable) and plan type.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Name of township, county, and state in which the property is located.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Vicinity sketch.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Provide the following project data in <u>Tabular</u> form: <ul style="list-style-type: none"> - Area of tract in square feet and acres - Owner's name and address - Within Town limits or ETJ - Tag # and/or NC PIN - Zoning of property (and any special conditions if applicable) - Number of lots per acre (density) - Acreage in Resource Conservation Areas (UDC §155.500) - Indicate if the site is within a Watershed Protection Overlay - Annexation # (if applicable) - FEMA designated flood plain and floodway (include FIRM panel reference number and effective date) or certification that no flood plain exists within the subdivision. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
6. Surveyor or professional engineer's name, seal, and registration number.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Date of survey, plat preparation and any revision dates.	<input type="checkbox"/>	<input type="checkbox"/>	
8. All required certificates. <i>Certificates for both Recombination and Exempt Plats are included in this application packet.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
9. An accurately positioned north arrow indicating true north, magnetic north, North Carolina grid ("NAD 83" or "NAD 27"), or is referenced to old deed or plat bearings. If the north index is magnetic or referenced to an old deed or plat bearings, the date and the source (if known) the index was originally determined is clearly indicated.	<input type="checkbox"/>	<input type="checkbox"/>	

To be completed by the applicant:			Staff:
	Yes	N/A	N/A
10. The exact course and distance of every boundary line of the tract to be subdivided, fully dimensioned (metes and bounds) along with the location of intersecting boundary lines of adjoining lands in accordance with the North Carolina General Statutes § 47-30 - Plats and subdivisions; mapping requirements.	<input type="checkbox"/>	<input type="checkbox"/>	
11. All lot boundaries changed or eliminated by requested combination are indicated by dashed lines.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Accurate location and description of all monuments, markers and control points.	<input type="checkbox"/>	<input type="checkbox"/>	
13. The names of adjacent landowners, or lot, block, parcel, subdivision designations or other legal reference where applicable.	<input type="checkbox"/>	<input type="checkbox"/>	
14. Location and width of all existing and proposed rights-of-way, easements and areas dedicated to public use with the purpose of each stated where crossing or forming any boundary line of the property shown. Sight triangles noted where required. For new easements include the bearings and distances. For all existing easements provide the plat book page number and deed book page number.	<input type="checkbox"/>	<input type="checkbox"/>	
15. Location of all existing buildings and structures.	<input type="checkbox"/>	<input type="checkbox"/>	
16. Location of all existing and proposed utilities (water, sewer, electric, natural gas, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	
17. Location of all existing and proposed drainage structures.	<input type="checkbox"/>	<input type="checkbox"/>	
18. Location of all proposed easements, labeled as "public" or "private"	<input type="checkbox"/>	<input type="checkbox"/>	
19. Width and type of any buffers.	<input type="checkbox"/>	<input type="checkbox"/>	
20. Verification of minimum Finished Floor Elevation (FFE). The minimum FFE must be at least two feet above the Base Flood Elevation (BFE) on properties affected by FEMA 100 year flood plain.	<input type="checkbox"/>	<input type="checkbox"/>	
21. Resource Conservation Areas must be shown and dimensioned on the plat. The following note must also be provided: "The Resource Conservation Area shown hereon is being provided per the requirements of Article 5 of the Town of Clayton's Unified Development Code. This Resource Conservation Area must be preserved in perpetuity."	<input type="checkbox"/>	<input type="checkbox"/>	
22. Any other information considered by either the applicant or the Town to be pertinent to the review.	<input type="checkbox"/>	<input type="checkbox"/>	

APPLICANT AFFIDAVIT

I/We, the undersigned, do hereby make application and petition to the Town of Clayton to approve the subject Recombination Plat or Exempt Plat request. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Planning Department of the Town of Clayton, North Carolina, and will not be returned.

Print Name

Signature of Applicant

Date



TOWN OF CLAYTON
 Planning Department
 111 E. Second St., P.O. Box 879
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OWNER'S CONSENT FORM

Consent is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. Consent is valid for one year from date of notary, unless otherwise specified. All fields must be completed.

Project Name: _____ **Address or PIN #:** _____

AGENT/APPLICANT INFORMATION:

 (Name - type, print clearly)

 (Address)

 (City, State, Zip)

I hereby give **CONSENT** to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes (*list applicable requests*):

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

OWNER AUTHORIZATION:

 (Name - type, print clearly)

 (Address)

 (Owner's Signature)

 (City, State, Zip)

STATE OF _____
COUNTY OF _____

Sworn and subscribed before me _____, a Notary Public for the above State and County, this the _____ day of _____, 20_____.

SEAL

Notary Public

My Commission Expires: _____

CERTIFICATES FOR A RECOMBINATION PLAT

PAGE 1 of 3

CERTIFICATE OF OWNERSHIP AND DEDICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF THE TOWN OF CLAYTON AND THAT I HEREBY ADOPT THIS SUBDIVISION PLAN WITH MY FREE CONSENT, ESTABLISH MINIMUM SETBACK LINES, AND DEDICATE ALL STREETS, ALLEYS, PARKS AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED.

DATE

OWNER

CERTIFICATION REQUIRED ON RECOMBINATION PLATS

THIS PLAT REPRESENTS A RECOMBINATION OF PREVIOUSLY RECORDED PARCELS OF LAND AND DOES NOT CONSTITUTE A SUBDIVISION AS SPECIFIED BY THE NORTH CAROLINA GENERAL STATUTES. APPROVAL FOR RECORDATION BY THE TOWN OF CLAYTON IS GRANTED BY CERTIFICATION BELOW.

DATE

PLANNING DIRECTOR – TOWN OF CLAYTON, NC

CERTIFICATE OF SURVEY AND ACCURACY

I, _____, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION FROM A (DEED DESCRIPTION RECORDED IN BOOK _____, PAGE _____, PLAT RECORDED IN BOOK _____, PAGE _____, OR OTHER); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN DEED/PLAT BOOK _____, PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED IS 1: _____; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G. S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS _____ DAY OF _____, A.D., 20____.

SURVEYOR

LICENSE NUMBER

CERTIFICATES FOR A RECOMBINATION PLAT, CONTINUED

PAGE 2 of 3

SURVEYOR CERTIFICATION

I _____ CERTIFY TO ONE OF THE FOLLOWING:

- 1) THAT THE SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND;
- 2) THAT THE SURVEY IS LOCATED IN A PORTION OF A COUNTY OR MUNICIPALITY THAT IS UNREGULATED AS TO AN ORDINANCE THAT REGULATES PARCELS OF LAND;
- 3) IS ONE OF THE FOLLOWING:
 - THAT THE SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET;
 - THAT THE SURVEY IS OF AN EXISTING BUILDING OR OTHER STRUCTURE, OR NATURAL FEATURE, SUCH AS A WATERCOURSE; OR
 - THAT THE SURVEY IS A CONTROL SURVEY.
- 4) THAT THE SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION;
- 5) THAT THE INFORMATION AVAILABLE TO THE SURVEYOR IS SUCH THAT THE SURVEYOR IS UNABLE TO MAKE A DETERMINATION TO THE BEST OF THE SURVEYOR'S PROFESSIONAL ABILITY AS TO PROVISIONS CONTAINED IN (1) THROUGH (4) ABOVE.

CERTIFICATE OF FLOODWAY INFORMATION

PROPERTY SHOWN HEREON _____ IS _____ IS NOT LOCATED IN A FEMA DESIGNATED FLOOD ZONE.

FLOOD HAZARD PANEL NO. _____

EFFECTIVE DATE: _____

DATE SURVEYOR

REVIEW OFFICER'S CERTIFICATE

STATE OF NORTH CAROLINA
COUNTY OF JOHNSTON

I, _____, REVIEW OFFICER OF JOHNSTON COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

DATE REVIEW OFFICER

CERTIFICATION FOR WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS

CERTIFICATE OF PRELIMINARY APPROVAL OF WATER SUPPLY AND SEWAGE DISPOSAL SYSTEMS INSTALLED FOR INSTALLATION IN _____ SUBDIVISION MEET PUBLIC HEALTH REQUIREMENTS AS DESCRIBED IN APPENDIX II JOHNSTON COUNTY SUBDIVISION REGULATIONS. FINAL APPROVAL FOR INDIVIDUAL LOTS WITHIN THIS SUBDIVISION WILL BE BASED ON DETAILED LOT EVALUATION UPON APPLICATION AND SUBMISSION OF PLAN FOR PROPOSED USE. THIS PRELIMINARY CERTIFICATION IS ADVISORY ONLY AND CONFERS NO GUARANTEE.

DATE HEALTH REPRESENTATIVE

NOTE: EACH LOT SHOWN HEREON MAY REQUIRE THE USE OF SEWAGE PUMPS, LOW PRESSURE PIPE SYSTEMS, FILL SYSTEMS, INNOVATIVE SYSTEMS OR ANY OTHER ALTERNATIVE SYSTEM TYPE AND SITE MODIFICATIONS SPECIFIED IN THE NORTH CAROLINA LAWS AND RULES FOR SEWAGE TREATMENT AND DISPOSAL SYSTEMS, 15A NCAC 18A SECTION 1900. THE ACTUAL SYSTEM TYPE, DESIGN AND SITE MODIFICATIONS WILL BE DETERMINED AT THE TIME OF PERMITTING.

CERTIFICATES FOR AN EXEMPT PLAT

PAGE 1 of 2

CERTIFICATE OF OWNERSHIP AND DEDICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF THE TOWN OF CLAYTON AND THAT I HEREBY ADOPT THIS SUBDIVISION PLAN WITH MY FREE CONSENT, ESTABLISH MINIMUM SETBACK LINES, AND DEDICATE ALL STREETS, ALLEYS, PARKS AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED.

_____ DATE _____ OWNER _____

CERTIFICATION REQUIRED ON EXEMPT PLATS

THIS PLAT IS EXEMPT FROM SUBDIVISION REGULATION WITHIN THE TOWN OF CLAYTON PLANNING JURISDICTION.

_____ DATE _____ PLANNING DIRECTOR – TOWN OF CLAYTON, NC _____

CERTIFICATE OF SURVEY AND ACCURACY

I, _____, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION FROM A (DEED DESCRIPTION RECORDED IN BOOK _____, PAGE _____, PLAT RECORDED IN BOOK _____, PAGE _____, OR OTHER); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN DEED/PLAT BOOK _____, PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED IS 1: _____; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G. S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS _____ DAY OF _____, A.D., 20 _____.

_____ SURVEYOR

_____ LICENSE NUMBER

CERTIFICATE OF FLOODWAY INFORMATION

PROPERTY SHOWN HEREON _____ IS _____ IS NOT LOCATED IN A FEMA DESIGNATED FLOOD ZONE.

FLOOD HAZARD PANEL NO. _____

EFFECTIVE DATE: _____

_____ DATE _____ SURVEYOR _____

CERTIFICATES FOR AN EXEMPT PLAT, CONTINUED

PAGE 2 of 2

SURVEYOR CERTIFICATION

I, _____ CERTIFY TO ONE OF THE FOLLOWING:

- 1) THAT THE SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND;
- 2) THAT THE SURVEY IS LOCATED IN A PORTION OF A COUNTY OR MUNICIPALITY THAT IS UNREGULATED AS TO AN ORDINANCE THAT REGULATES PARCELS OF LAND;
- 3) IS ONE OF THE FOLLOWING:
 - THAT THE SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET;
 - THAT THE SURVEY IS OF AN EXISTING BUILDING OR OTHER STRUCTURE, OR NATURAL FEATURE, SUCH AS A WATERCOURSE; OR
 - THAT THE SURVEY IS A CONTROL SURVEY.
- 4) THAT THE SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION;
- 5) THAT THE INFORMATION AVAILABLE TO THE SURVEYOR IS SUCH THAT THE SURVEYOR IS UNABLE TO MAKE A DETERMINATION TO THE BEST OF THE SURVEYOR'S PROFESSIONAL ABILITY AS TO PROVISIONS CONTAINED IN (1) THROUGH (4) ABOVE.

REVIEW OFFICER'S CERTIFICATE

STATE OF NORTH CAROLINA
COUNTY OF JOHNSTON

I, _____, REVIEW OFFICER OF JOHNSTON COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

DATE REVIEW OFFICER

JOHNSTON COUNTY REGISTER OF DEEDS
STATE OF NORTH CAROLINA, JOHNSTON COUNTY

THIS INSTRUMENT WAS PRESENTED FOR REGISTRATION AND RECORDING THIS _____ DAY OF _____ 20__ AT _____.

REG. OF DEEDS BY _____
ASST. REG. OF DEEDS

Town of Clayton Recombination Process Flow Chart

