



EXEMPT AND FINAL PLAT APPLICATION

Submittals are accepted at the Development Services Center between 8:00am and 4:00pm. All submittals determined to be complete will be processed for review the following business day. Incomplete submittals will not be accepted for review. Please contact the DSC with questions [<https://dsc.durhamnc.gov>] at 919-560-4137

Planning

Tracking Information (Staff Only)		Case Number:	
Date rec'd:	Received by:	Case Planner:	Comments Due:
Fee Calculation: \$ _____ Base Fee + (\$40 per lot X _____ lots = \$ _____) = \$ _____ Subtotal Total Fee Required = \$ _____ Subtotal + 4% Tech Surcharge (\$ _____) = \$ _____ Fee Paid: \$ _____			
Property Information			
PIN(s) :		PID(s):	
Site Address:		Total Tract Acreage:	
Zoning District(s) :		Tier:	
Watershed: <input type="checkbox"/> E-A <input type="checkbox"/> E-B <input type="checkbox"/> F/J-A <input type="checkbox"/> F/J-B <input type="checkbox"/> M/LR-A <input type="checkbox"/> M/LR-B <input type="checkbox"/> N/A		River Basin: <input type="checkbox"/> Neuse <input type="checkbox"/> Cape Fear	
Jurisdiction for Review: <input type="checkbox"/> City <input type="checkbox"/> County			
Other Overlays: <input type="checkbox"/> MTC <input type="checkbox"/> Historic District <input type="checkbox"/> Neighborhood Protection <input type="checkbox"/> Transitional Office <input type="checkbox"/> Airport			
Prior Site Plan Case #:		Development Plan Case #:	
Project Summary			
Project Name:			
Project Area: <input type="checkbox"/> acres <input type="checkbox"/> sq. ft.		Area of Disturbance: <input type="checkbox"/> acres <input type="checkbox"/> sq. ft.	
Number of Lots (including open space/common areas):			
Application Type: <input type="checkbox"/> Exempt Plat <input type="checkbox"/> Final Plat <input type="checkbox"/> Minor Plat <input type="checkbox"/> Condominium <input type="checkbox"/> As-Built or Impervious Swap <input type="checkbox"/> Utility/Stormwater Easement Only			
If right-of-way dedication, have construction drawings been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Under Review			
Purpose of Plat:			
Project Scope:			
Property Owner			
Name:		Organization:	
Address:		City, State, Zip:	
Phone:		E-mail:	
Applicant (Primary Contact Person)			
Name:		Organization:	
Address:		City, State, Zip:	
Phone:		E-mail:	
Signature of Applicant (required):			