



Rowan County Department of Planning & Development  
402 North Main Street Suite 204 Salisbury, NC 28144  
Phone (704) 216-8588 Fax (704) 638-3130  
www.rowancountync.gov

**FINAL PLAT REVIEW APPLICATION**

Tax map \_\_\_\_\_ Parcel \_\_\_\_\_ Date of Application \_\_\_\_\_ Application # \_\_\_\_\_

Name of Proposed Subdivision: \_\_\_\_\_

Type of Subdivision: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Other

Plat Type: \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_ Family

Location of Subdivision: \_\_\_\_\_

Deed Book #: \_\_\_\_\_, Page #: \_\_\_\_\_ Total Acreage of Subdivision: \_\_\_\_\_

Total Number of Parcels/Lots: \_\_\_\_\_ Smallest Lot Size: \_\_\_\_\_ Acres Largest Lot: \_\_\_\_\_ Acres

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Name of Property Owner(s) \_\_\_\_\_

Mailing /Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

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I certify that the information provided in this application is correct and true information of the proposed subdivision, and I am the owner, partner, officer of a corporation, or agent duly authorized to make this application and fully understand and agree to comply with all applicable laws of the Subdivision Ordinance of Rowan County, North Carolina.

Signature: \_\_\_\_\_

Date of signature: \_\_\_\_\_

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FOR STAFF USE:  
Checked by (initial):

Received by: \_\_\_\_\_

Planning: \_\_\_\_\_

Date: \_\_\_\_\_

Erosion Control: \_\_\_\_\_

Application complete: \_\_\_\_\_

NCDOT: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Health Dept: \_\_\_\_\_