



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

PRELIMINARY 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

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 _____

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: _____

FOR STAFF USE:
Checked by (initial):

Received by: _____

Planning: _____

Date: _____

Erosion Control: _____

Application complete: _____

NCDOT: _____

Fee Paid: _____

Health Dept: _____