

**CITY OF ROCKY MOUNT
SUBDIVISION REVIEW SUBMISSION FORM**

SUBDIVISION NAME: _____ PHASE OR SECTION: _____

LOCATION : _____

COUNTY: _____ TAX MAP PARCEL NO. _____

TYPE OF PLAT	SKETCH _____
	MINOR CONSTRUCTION PLAT _____
	CONSTRUCTION PLAT _____
	FINAL PLAT _____

SURVEYOR/ENGINEER NAME: _____

DAYTIME PHONE: _____ FAX: _____

CONTACT PERSON: _____

DEVELOPER/OWNER'S NAME: _____

DAYTIME PHONE: _____ FAX: _____

CONTACT PERSON: _____

SUBDIVISION DETAILS

NUMBER OF LOTS IN SUBDIVISION: _____

TOTAL ACRES IN SUBDIVISION: _____

ACRES IN REMAINING TRACT (if applicable) _____

LENGTH OF NEW STREETS (if applicable) _____ FEET

WATER MAIN EXTENSION REQUIRED _____ (If yes, plans submitted) _____

SEWER MAIN EXTENSION REQUIRED _____ (If yes, plans submitted) _____

SEPTIC TANKS OR WELLS REQUIRED _____ (If yes, certification attached) _____

To the best of my knowledge and ability, I certify that the above information and that contained on the attached plat is true and accurate and complies with the all applicable City ordinances and State laws regarding subdivisions.

By _____ Date _____