



CITY OF BELMONT

PLANNING & ZONING

Plat Application

Property owner(s): _____

Property address: _____ Parcel ID no. (six-digit): _____

Owner mailing address: _____

City, state, ZIP: _____ Phone: _____ Work/cell: _____

Applicant (if different from property owner): _____

Mailing address: _____

City, state, ZIP: _____ Phone: _____

Email: _____

Property or Subdivision name: _____ Number of lots: _____

Current land use: _____

Purpose of this plat: _____

Improvement Guarantee Required: Yes No Date Submitted: _____

Type of Plat: Exempt Final Easement

By signing below, I agree to conform to all applicable city ordinances and zoning regulations. I hereby affirm that the above information is accurate and correct to the best of my knowledge.

Signature of applicant: _____ Printed name: _____

Date: _____

37 N. Main St. • P.O. Box 431 • Belmont, NC 28012 • Phone: 704 901 2610 • Fax: 704 825 0514