



**Town of Selma**  
Planning & Economic Development  
114 N. Raiford St.  
Selma, NC 27576  
P: 919-965-9841  
F: 919-965-4637  
www.selma-nc.com

# EXEMPT SUBDIVISION / RECOMBINATION COVER SHEET

*This sheet shall be completed by the applicant and included with a completed application.*

**Name of Project:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

*Please complete the following checklist prior to submittal. If not applicable, write "n/a." Application shall not be reviewed until all required materials are received.*

Application Review Fee (check or money order)

**Three (3) copies of the following**

Completed application

Owner's Consent Form

Proposed Exempt Plat / Recombination Plat



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## EXEMPT / RECOMBINATION PLAT APPLICATION

Exempt plats are defined by the NC General Statutes, G.S. 160A-376. Where a plat is prepared, the Town generally reviews such plat to ensure it meets the standards for exempt subdivisions as defined in the Statute.

**Application Fee\*:** \$100.00

*\*Fees are nonrefundable and are due at the time of application submittal*

Note: Plat approval by the Town of Selma does not imply compliance with Johnston County or any other applicable regulatory agencies. It is the applicant's obligation to seek any required permits/approvals.

### APPLICANT INFORMATION

Owner's Consent Form is required if applicant is not the property owner. Form provided with this application packet.

Applicant Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Property Owner(s) (if different than applicant. List all property owners, use separate sheet if necessary):**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### SITE INFORMATION

Write "N/A" if not applicable.

Development/Project Name: \_\_\_\_\_  
Johnston County Tag #(s): \_\_\_\_\_  
Address/Location: \_\_\_\_\_  
Acreage of Property: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
Number of Lots (existing): \_\_\_\_\_ (proposed): \_\_\_\_\_ Min Lot Size: \_\_\_\_\_  
Brief Description of Request: \_\_\_\_\_  
\_\_\_\_\_

### STAFF USE

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Permit #: \_\_\_\_\_

## SITE INFORMATION CONTINUED

**Type of exemption (see NCGS 160A-376):**

- The combination or recombination of portions of previously subdivided and recorded lots where the total number of lots is not increased and the resultant lots are equal to or exceed the standards of the municipality as shown in its subdivision regulations.
- The division of land into parcels greater than 10 acres where no street right-of-way dedication is involved.
- The public acquisition by purchase of strips of land for the widening or opening of streets or for public transportation system corridors.
- The division of a tract in single ownership whose entire area is no greater than two acres into not more than three lots, where no street right-of-way dedication is involved and where the resultant lots are equal to or exceed the standards of the municipality, as shown in its subdivision regulations.
- The division of a tract into parcels in accordance with the terms of a probated will or in accordance with intestate succession under Chapter 29 of the General Statutes.

## REQUIRED INFORMATION

*Required Plat information. (Plats are also required to meet the requirements of NC G.S. 47-30):*

<b>Required Plat Information:</b>	<i>Completed by Applicant:</i>	
	Yes	N/A
1. Plans are 18 inches by 24 inches with a scale no smaller than 1 inch = 100 feet.		
2. Name of subdivision (including phase numbers if applicable) and plan/plat type.		
3. Name of township, county, and state in which the property is located.		
4. Vicinity Sketch		
5. Provide the following project data in Tabular form: <ul style="list-style-type: none"> <li>- Area of tract in square feet and acres</li> <li>- Owner's name and address</li> <li>- County TAG #</li> <li>- Within Town Limits or ETJ</li> <li>- Zoning of property (and any special conditions if applicable)</li> <li>- Dimensional Standards for the Zoning District</li> <li>- Indicate if the site is within a Water Supply Watershed Protection District</li> <li>- Indicate if Property is within the Historic District</li> <li>- FEMA designated flood plain and floodway (include FIRM panel reference number and effective date)</li> </ul>		
6. Surveyor or professional engineer's name, seal, and registration number.		
7. Date of survey, any revision dates and date of plat preparation.		
8. All required certificates. <i>Certificates are included in this application packet</i>		
9. All lot boundaries changed or eliminated by requested combination are indicated by dashed lines.		
10. Blocks numbered consecutively throughout entire subdivision with lots numbered consecutively in each block. Lot numbers shall be placed in a circle or labeled "Lot ".		
11. The names of adjacent landowners, or lot, block, parcel, subdivision designations or other legal reference where applicable.		

Required Plat Information:	Completed by Applicant:	
	Yes	N/A
12. Location and width of all existing and proposed rights-of-way, open space, easements and areas dedicated to public use with the purpose of each stated where crossing or forming any boundary line of the property shown. <ul style="list-style-type: none"> <li>- Sight triangles noted where required.</li> <li>- Bearings and distances should be included for all easements.</li> <li>- For existing easements provide the plat book and page number and/or the deed book and page number.</li> </ul>		
13. Any other information as required by NC General Statute 47-30, or as considered by either the applicant or the Town to be pertinent to the review.		

**APPLICANT AFFIDAVIT**

*I, the undersigned, to hereby make application and petition to the Town of Selma to approve the subject Exempt / Recombination Plat Request. I hereby certify that I have full legal right to request such action and that the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related material and all attachments become official records of the Town of Selma, North Carolina, and will not be returned.*

\_\_\_\_\_   
 *Print Name*

\_\_\_\_\_   
 *Signature of Applicant*

\_\_\_\_\_   
 *Date*

# CERTIFICATES FOR EXEMPT/RECOMBINATION PLATS

Page 1 of 2

*Certificates shall be included as written below for all plats. Final plat is subject to county mapping requirements and NCGS 47-30.*

## CERTIFICATION OF SUBDIVISION EXEMPTION (recommended)

I HEREBY CERTIFY THAT THE PLAT SHOWN HEREON IS EXEMPT FROM SUBDIVISION REGULATION PURSUANT TO NORTH CAROLINA GENERAL STATUTE 160A-376.

\_\_\_\_\_  
DATE PLANNING & ECONOMIC DEVELOPMENT DIRECTOR

## CERTIFICATE OF OWNERSHIP AND DEDICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF THE TOWN OF SELMA AND THAT I HEREBY ADOPT THIS SUBDIVISION PLAN WITH MY FREE CONSENT, ESTABLISH MINIMUM SETBACK LINES, AND DEDICATE ALL STREETS, ALLEYS, PARKS AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED.

\_\_\_\_\_  
DATE OWNER

## CERTIFICATE OF SURVEY AND ACCURACY

I, \_\_\_\_\_, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION FROM A (DEED DESCRIPTION RECORDED IN BOOK \_\_\_\_\_, PAGE \_\_\_\_\_, PLAT RECORDED IN BOOK \_\_\_\_\_, PAGE \_\_\_\_\_, OR OTHER); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN DEED/PLAT BOOK \_\_\_\_\_, PAGE \_\_\_\_\_; THAT THE RATIO OF PRECISION AS CALCULATED IS 1: \_\_\_\_\_; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G. S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, A.D., 20\_\_\_\_.

\_\_\_\_\_  
SURVEYOR SEAL:

\_\_\_\_\_  
LICENSE NUMBER

## REVIEW OFFICER'S CERTIFICATE

STATE OF NORTH CAROLINA  
COUNTY OF JOHNSTON

I, \_\_\_\_\_, REVIEW OFFICER OF JOHNSTON COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

\_\_\_\_\_  
DATE REVIEW OFFICER

## CERTIFICATES FOR EXEMPT / RECOMBINATION PLAT

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### SURVEYOR CERTIFICATION

I \_\_\_\_\_ CERTIFY TO ONE OF THE FOLLOWING:

- 1) THAT THE SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND;
- 2) THAT THE SURVEY IS LOCATED IN A PORTION OF A COUNTY OR MUNICIPALITY THAT IS UNREGULATED AS TO AN ORDINANCE THAT REGULATES PARCELS OF LAND;
- 3) IS ONE OF THE FOLLOWING:
  - THAT THE SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET;
  - THAT THE SURVEY IS OF AN EXISTING BUILDING OR OTHER STRUCTURE, OR NATURAL FEATURE, SUCH AS A WATERCOURSE; OR
  - THAT THE SURVEY IS A CONTROL SURVEY.
- 4) THAT THE SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF SUBDIVISION;
- 5) THAT THE INFORMATION AVAILABLE TO THE SURVEYOR IS SUCH THAT THE SURVEYOR IS UNABLE TO MAKE A DETERMINATION TO THE BEST OF THE SURVEYOR'S PROFESSIONAL ABILITY AS TO PROVISIONS CONTAINED IN (1) THROUGH (4) ABOVE.

**STAFF ANALYSIS (completed by staff)**

Zoning District: \_\_\_\_\_  City Limits  Extraterritorial Jurisdiction

Lot Size: \_\_\_\_\_

Associated Project Approval Project #(s): \_\_\_\_\_

Flood Zone: \_\_\_\_\_ FIRM Map: \_\_\_\_\_

Associated Special Flood Hazard Area Development Permit #: \_\_\_\_\_

Water Supply Watershed Protection District:  Yes  No

Historic District:  Yes  No

Utility Services:  City Water  Well  City Sewer  Septic Tank  Gas  Electricity

Are any of the following Right-of-Ways present on this property (check all that apply):  
 City Utilities  Railroad  NCDOT or City Road  Proposed Thoroughfare  None

Notes: \_\_\_\_\_

**Zoning Information**

Item	Required	Provided
Lot Area		
% of Impervious Surface		
Lot Width		
<b>Setbacks</b>		
Front		
Side		
Rear		
Max Building Height - Principal		
Max Building Height - Accessory		
Accessory Building Setbacks		

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**AGENT AUTHORIZATION / OWNER’S CONSENT FORM**

*Pursuant to Section 17-602 of the Town of Selma Unified Development Ordinance, written authorization is required from the property owner(s) if an agent will act on their behalf. A separate form is required from each owner. All fields must be completed.*

**AGENT/APPLICANT INFORMATION:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

I hereby give CONSENT to the above referenced agent/applicant to act on my behalf, to submit applications and all required materials and documents, and to attend and represent me at all meetings and public hearings pertaining to the following processes *(list applicable requests)*:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Furthermore, I hereby give consent to the party designated above to agree to all terms and conditions which may arise as part of the approval of this application.

I hereby certify that I have authority to execute this consent form as/on behalf of the property owner. I understand that any false, inaccurate or incomplete information provided by me or my agent will result in the denial, revocation or administrative withdrawal of this application, request, approval or permits. I further agree to all terms and conditions which may be imposed as part of the approval of this application.

**OWNER AUTHORIZATION:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Owner’s Signature)

\_\_\_\_\_  
(City, State, Zip)