

# Exempt Plat Application

Town of Boone Planning & Inspections Department  
680 W. King Street, Suite C ♦ Boone, North Carolina 28607

Phone (828) 268-6960 ♦ Fax (828) 268-6961 ♦ Email: [planning@townofboone.net](mailto:planning@townofboone.net) ♦ [www.townofboone.net](http://www.townofboone.net)



## A. Required to be Submitted at Time of Application (check all that apply)

**Failure to provide the info required on this application may delay the review and subsequent issuance of the requested permit.**

- Digital copies of all paper submittal documents (may be emailed to [planning@townofboone.net](mailto:planning@townofboone.net))
- 1 paper copy of preliminary plat (for review prior to submittal of final document) meeting the requirements of Town of Boone Unified Development Ordinance (UDO) Appendix A
- At least 2 paper copies and 1 Mylar of final plat (to be submitted after review and approval of preliminary plat); Certificate of Ownership for Exempt Divisions of Land should be signed at the time of submittal
- Property Owner Authorization. If you are not the property owner, you will need to provide documentation of property owner authorization to apply for this permit. You may have the property owner sign this application ([Section H](#)) or the property owner can provide a written and signed authorization that clearly states they are authorizing the applicant to submit this application.
- Permit Fee (See Planning & Inspections Fee Schedule)

Each application is allowed two (2) reviews. The 1st review of the submitted information and a 2nd review if revisions or supplemental information is required based upon the 1st review. Each subsequent review after the 2nd review will be charged at 50% of the original fees charged for the application. These fees shall be paid at the time of resubmittal.

## B. Property Information (Project Location)

Street Address:

Watauga County Parcel Identification Number(s):

## C. Property Owner Information

Name:

Complete Mailing Address (Street, City, State, Zip):

Phone Number:

Email Address:

## D. Applicant Information

Name:

Company:

Complete Mailing Address (Street, City, State, Zip):

Phone Number:

Email Address:

**Preferred Method of Contact for Written/Response Documents (select one):  Mail or  Email**

## E. Surveyor Information

Name:

Company:

Complete Mailing Address (Street, City, State, Zip):

License #:

Phone Number:

Email Address:

NC Surveyor License Number:

**F. Exemption Information**

- 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 minimum standards set forth in the UDO.
- The division of land into parcels greater than ten (10) acres where no street right-of-way dedication is involved.
- The public acquisition by purchase of strips of land for widening or opening streets or for public transportation system corridors.
- The division of a tract in single ownership whose entire area is no greater than two (2) acres into not more than three (3) lots, where no street right-of-way dedication is involved and where the resultant lots are equal to or exceed the standards set forth in the UDO.

**G. Environmental Information**

Is the property located within a designated Water Supply Watershed Area?  Yes  No  Unknown  
Watershed:

If yes, please select:  WS-II-CA  WS-IV-PA  WS-IV-CA

Stream/River: Is there a stream or river on or near the property?  Yes  No

SFHA: Is the property located within the Special Flood Hazard Area?  Yes  No  Unknown

**H. Applicant Signature and Property Owner Authorization**

I hereby certify that I am authorized to submit this application; that all information is correct and complete; and all work will comply with all applicable State and local laws, ordinances, and regulations.

_____ <b>Applicant (Print)</b>	_____ <b>Applicant (Signature)</b>	_____ <b>Date</b>
_____ <b>Property Owner (Print)</b>	_____ <b>Property Owner (Signature)</b>	_____ <b>Date</b>

Official Use Only				
Permit Name:				
Permit Number:				
Date:	Fee:	Receipt Number:	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check Number:_____	Paid By:

Date of Planning Commission Meeting (if property is in Watershed): \_\_\_\_\_

Approved?  Yes  No

Subdivision Approved?:  Yes  No    Date Recorded: \_\_\_\_\_    Recordation Info:    Bk: \_\_\_\_\_    Pg: \_\_\_\_\_

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