



**CITY OF HENDERSON**  
**PLANNING & COMMUNITY DEVELOPMENT**

P.O. Box 1434 / 134 Rose Avenue • Henderson, NC 27536 • Phone: (252) 430-5723 • Fax: (252) 492-7935

**REQUEST FOR SUBDIVISION**

Date \_\_\_\_\_

Case: \_\_\_\_\_

Applicant Name:	Property Owner Name:
Mailing Address:	Street Address:
City, State Zip	City, State Zip
Contact phone #:	Contact phone #:
Email Address:	Email Address:

**Property Information:**

Tax Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Number of Lots \_\_\_\_\_ Total Acreage \_\_\_\_\_

**Acreage of each lot:**

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.

Zoning District \_\_\_\_\_ Current Use \_\_\_\_\_

City \_\_\_\_\_ ETJ \_\_\_\_\_ Flood Plain \_\_\_\_\_ City Water \_\_\_\_\_ City Sewer \_\_\_\_\_  
 Well \_\_\_\_\_ Septic \_\_\_\_\_

Does this subdivision create a new easement or right of way? \_\_\_\_\_

If so, how long \_\_\_\_\_ How wide \_\_\_\_\_

Applicant Printed Name / Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Printed Name / Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY**

Fee: \_\_\_\_\_ How Paid: \_\_\_\_\_ Rec'd By: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check#: \_\_\_\_\_ Receipt#: \_\_\_\_\_

Date of Board Action: \_\_\_\_\_ Board Action: \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Zoning Administrator

\_\_\_\_\_  
 Date