



# TOWN OF LILLINGTON SUBDIVISION APPLICATION

Planning & Inspections Department  
106 West Front Street, PO Box 296 Lillington NC 27546 • phone 910-893-2654 • fax 910-893-3693

Name of Applicant				Property Owner			
Home Address				Home Address			
City/State /Zip				City/State /Zip			
Home Telephone		Business Telephone		Home Telephone		Business Telephone	

**Subdivision Type:**  Major  Minor **Zoning District:** \_\_\_\_\_

**Name of Surveyor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Name of Subdivision:** \_\_\_\_\_

**Property Location:** \_\_\_\_\_

**Parcel Identification Number:** \_\_\_\_\_

**Deed Book** \_\_\_\_\_ **Page** \_\_\_\_\_ **Road Dedication:**  YES  NO

**Total Acres in Original Tract/Lot:** \_\_\_\_\_ **Total Lots Created by Subdivision:** \_\_\_\_\_

**Water Source:**  Town  Private **Sewer Source:**  Town  Private

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I certify that all information furnished in this application is accurate to the best of my knowledge:

**Applicant's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**Date of Plat Submittal:** \_\_\_\_\_ **Administrator Signature:** \_\_\_\_\_