



TOWN OF MICRO
PO Box 9
450 US Highway 301 N
Micro, NC 27555
Office: 919-284-2572

MAJOR SITE DEVELOPMENT

See Zoning Ordinance Section 2-102 for additional information.

APPLICANT INFORMATION:

Name of Property Owner: _____

Mailing Address of Property Owner: _____

Telephone Number of Property Owner: _____

Email Address of Property Owner: _____

Name of Applicant (*if different*): _____

Mailing Address of Applicant: _____

Telephone Number of Applicant: _____

Email Address of Applicant: _____

PROJECT INFORMATION:

Name of Project: _____

Developer Name: _____

Developer Phone: _____ Email: _____

Property Tax ID: _____

Location of Project: _____

Total Acreage: _____

Water Supply: _____ Sewage Type: _____

PROCEDURE INFORMATION:

Pre-Application Meeting with Zoning Administrator and other staff members are requested. This meeting allows applicant and Zoning Administrator an opportunity to discuss the review process, an information regarding the Site Plan. It is recommended that a neighborhood meeting me held with developer or representative to explain the proposed project and be informed of any neighborhood concerns.

The Zoning Administrator will present Site Plans to the Planning Board for review and comment. The Planning Board shall review the Site Plans for compliance with the requirements of the Zoning Code and any other applicable Ordinances and laws. Comments and recommendations from the Planning Board shall be forwarded to the Board of Commissioners. Applications for major site development plan are subject to final review and approval by the Board of Commissioners.

Certification: I/We, the undersigned make application and petition to the Board of Commissioners of the Town of Micro to approve the Major Site Development Application. request. It is hereby certified that I/We have full legal right to request this action. Further, all statements and information provided herewith are true and correct to the best of my knowledge. I/We understand this application, related material and any attachments become official records of the Town of Micro and will not be returned.

Owner Name (Print)

Owner Signature

Date

Applicant Name (Print)

Applicant Signature

Date

OFFICE USE ONLY:

Date Application Received: _____ Amount/Fee Paid: _____ File#: _____