



P.O. BOX 367 • Wingate NC 28174 • TEL: (704) 233-4411 • FAX: (704) 233-4412

Final Plat Application

Please Write Legibly!

Date: _____

Applicant Information	
Owner: _____	
Mailing Address: _____	
Phone Number: _____	Email: _____
Developer: _____	
Mailing Address: _____	
Phone Number: _____	Email: _____
Surveyor: _____	
Mailing Address: _____	
Phone Number: _____	Email: _____

Project Information		
Property PIN(s): _____		
Project Name: _____		
Zoning District: _____		
Number of Lots: _____	Acreage: _____	Zoning: _____
Subdivision Phase (Ex. 1 of 3)		

Please refer to the Town’s Land Use Ordinance. Application fees, either in cash, money order, or check made payable to the “Town of Wingate” must be made by the time of submittal of this application.





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Applicant Certification and Signature

I hereby certify that the information on and attachments to this application are, to the best of my knowledge, true and correct. I understand that incorrect or missing information may cause a delay in the issuance of a major development permit, a denial of a major development permit, or the revocation of a major development permit that has been issued as a result of the information included in this application. I further agree to provide the Land Use Administrator with any additional information that may be required to show compliance with the Wingate Land Use Ordinance.

Signature: _____ **Date:** _____

OFFICE USE ONLY

Date Application Received: _____

Application Received By: _____ **Fee Paid*:** Yes No

Final Plat Received: Yes No, **File Name:**

Application Reviewed By: _____

Additional Information Required: No Yes _____

Application: Approved
 Denied

Major Development Permit #: _____

Reason: _____

Date: _____

Please submit 1 electronic copy and 1 hard copy of a final plat and any additional documents requested that addresses the items relevant to this application

