



# Major Subdivision Application

**OFFICIAL USE ONLY:**

Case Number: \_\_\_\_\_  
 Date Filed: \_\_\_\_\_  
 Gate Keeper: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_

**Contact Information****APPLICANT:**

Name: Allied Properties, LLC  
 Address: PO Box 743  
Moyock, NC 27958  
 Telephone: 252-435-2718  
 E-Mail Address: jold@qhoc.com

**PROPERTY OWNER:**

Name: Same  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: Same

**Request**

Physical Street Address: Alden Run

Parcel Identification Number(s): 0009-000-006A-0000

Subdivision Name: Windswept Pines Phase 3

Number of Lots or Units: 14

Phase: \_\_\_\_\_

**TYPE OF SUBMITTAL**

- Conservation and Development Plan
- Amended Sketch Plan/Use Permit
- Preliminary Plat (or amended)
  - Type I OR  Type II
- Construction Drawings (or amended)
- Final Plat (or amended)

**TYPE OF SUBDIVISION**

- Traditional Development
- Conservation Subdivision
- Planned Unit Development
- Planned Development

I hereby authorize county officials to enter my property for purposes of determining compliance with all applicable standards. All information submitted and required as part of this process shall become public record.

[Signature]  
 Property Owner(s)/Applicant\*

4/25/23  
 Date

**\*NOTE:** Form must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants a signature is required for each.

**Community Meeting, if applicable**

Date Meeting Held: 4-25-23 Meeting Location: Moyock Library

**Use Permit Review Standards, if applicable**

*PUD Amended Sketch Plan/Use Permit, Type II Preliminary Plat*

Purpose of Use Permit and Project Narrative (please provide on additional paper if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicant shall provide a response to the each one of the following issues. The Board of Commissioners must provide specific findings of fact based on the evidence submitted. All findings shall be made in the affirmative for the Board of Commissioners to issue the use permit.

A. The use will not endanger the public health or safety.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. The use will not injure the value of adjoining or abutting lands and will be in harmony with the area in which it is located.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. The use will be in conformity with the Land Use Plan or other officially adopted plan.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. The use will not exceed the county's ability to provide adequate public facilities, including, but not limited to, schools, fire and rescue, law enforcement, and other county facilities. Applicable state standards and guidelines shall be followed for determining when public facilities are adequate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, do certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief. Further, I hereby authorize county officials to enter my property for purposes of determining zoning compliance. All information submitted and required as part of this application process shall become public record.

  
\_\_\_\_\_  
Property Owner(s)/Applicant\*

4-25-23  
\_\_\_\_\_  
Date

**\*NOTE: Form must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants a signature is required for each.**