

# City-County Planning BOARD

FORSYTH COUNTY  
& WINSTON-SALEM,  
NORTH CAROLINA

P. O. Box 2511, Winston-Salem, NC 27102  
(City Hall South, 100 East First Street, Suite 225)

## Application For Minor Subdivision

www.cityofws.org/planweb  
Phone: 336-727-2548 Fax: 336-748-3163

1. Grantor _____  Grantee _____	<input type="checkbox"/> Winston-Salem <input type="checkbox"/> Clemmons  <input type="checkbox"/> Forsyth County <input type="checkbox"/> Walkertown
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2. Tax Map #	3. Zoning	4. Acreage	5. # of Lots
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7. Location of Development \_\_\_\_\_  
\_\_\_\_\_

8. Contact Person  
Name and Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

9. Survey Prepared By  
Name and Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

<p><b>DISCLAIMER:</b> We do not administer, coordinate or enforce any private restrictive covenants that may have been recorded and are applicable to the property, and the developer is at their own risk if they do not check to see if any such restrictive covenants apply to the property and are later enforced by private legal action.</p>	<p><b>ADDITIONAL INFORMATION TO BE SUBMITTED WITH APPLICATION</b></p> <ol style="list-style-type: none"> <li>1. FILING FEE - CHECK (payable to the City of Winston-Salem) or CASH (\$35.00 per new lot).</li> <li>2. PROPERTY DESCRIPTION DEED</li> <li>3. SEALED SURVEY (2 copies)</li> </ol>
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**PLEASE MAKE AN APPOINTMENT FOR SUBMITTAL OF APPLICATION.**

This form is available in alternative media forms for people with disabilities. Individuals with disabilities who require assistance or special arrangements to participate in programs and activities of the Planning Department are encouraged to contact the Department at least 72 hours in advance so that proper accommodations can be arranged. For information, call 336-727-2087 (727-8319 TTY).

**FOR OFFICE USE ONLY**

400' Scale Map #	Streets Public _____ Private _____	Utilities Public _____ Private _____	Payment Received: Amount: _____ Cash _____ Check # _____	Received: Date: _____ Time: _____
Staff Person:				