


Note: Application must be complete and Application fee must be paid at time of submittal

TOWN OF GARNER
www.GarnerNC.gov
SPECIAL USE SITE PLAN OR SUBDIVISION SUBMISSION FORM

OFFICE USE ONLY

 <p>Town of Garner Planning Department</p>	Case Number _____
	Date Received _____ Receipt# _____
	Related Projects _____
	Planning Commission Meeting Date _____
	Town Council Meeting Date _____

Type of Request:	<input type="checkbox"/> Special Use Site Plan Review	\$250
	<input type="checkbox"/> Special Use Subdivision Plan Review	\$250 + \$10/lot

Number of Copies Required:	Preliminary Review	<u>Twelve (12) (24x36) copies folded to 9x12 + CD (pdf)</u>
	Planning Commission / Town Council Review	<u>Twelve (12) (24x36) copies folded to 9x12 + CD (pdf)</u>
	Town Council Final Review	<u>Ten (10) (24x36) copies folded to 9x12 + CD (pdf)</u>

Note: Due to physical storage space limitations, we respectfully request that you not submit plan reviews out-of-cycle. If you will not be meeting the next submittal deadline, please call the Planning Department at 919-773-4449 to determine the date of the next submittal opportunity.

Name of Development:	_____		
Property Location:	_____		
Parcel Id Number (PIN):	_____		
Total Acreage:	_____	Zoning:	_____
		Plat Book#	_____

Proposed Use of Property (apartments, shopping center, townhouse, etc): _____

Number of Lots and or Units (existing & proposed):	_____
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Owner:	Contact Person:		
Mailing Address:	Telephone:	Fax:	
	Email:		
_____	_____	_____	_____
Owner Print	Date	Owner Signature	Date

Applicant:	Contact Person:		
Mailing Address:	Telephone:	Fax:	
	Email:		
_____	_____	_____	_____
Applicant Print	Date	Applicant Signature	Date

Site Designer:	Contact Person:		
Mailing Address:	Telephone:	Fax:	
	Email:		
_____	_____	_____	_____
Site Designer Print	Date	Site Designer Signature	Date